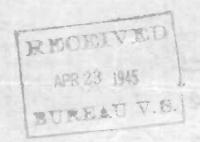
MARYLAND STATE DEPARTMENT OF HEALTH Supply every item of information carefully. The correctage case write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 72.

DREAR

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Ment let suy County City or town Dodme Harly Gree Pleasantalls (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war
3. (a) FULL NAME William W. All	3. (b) Social Security Number 217-24-9176
4. Sex 5. Color or pace 6.(a) Single, married, wildowed, or divorced Male Colored Married 6.(b) Name of husband or wife. Muldiel Allen	MEDICAL CERTIFICATION 20. DATE OF DEATH. Revised on the date above stated; that a standed depeased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw hour alive on Art 1944 10 Mosel 9 1945 Immediate cause of death OURATION
5. Birthplace The Co. Va. (Towngeonnt, and state)	Miteal Insufficiency?
10. Usual occupation	Oue to.
12. Name James allen 13. Birthplace Unknown	Other conditions (Include pregnancy within 3 months of death)
15. Birthplace Hargover Vg.	Major findings of operations
Address 903 Edmondson ave	Antopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory Manual Cemetery or crematory	Accident, suicide, or homicide
Location Catoring the Mid	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 2/0/ Mc Culloh fl	23. SIGNATURE POHMALONEY M.D. or other
(Date rec'd byregistrar)	Address alouandly M. M. Dato signed 410/44

MARGIN RESERVED FOR BINDING NFADING IN PLAINLY, V is especially WRITE PLEASE VS A15



PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowood HUSBAND of (or) WIFFOR 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 1 HER EBY CERTIFY, Thet I ettended deaded to the state of the st	STATE OF MARYLAND—CERTIFIC	ATE OF DEATH
Village or City Boring No. St., (If death occurred in a horpital or institution, give its NAME instead of street and num stre	0 0::	WOED 03046
Length of residence in city or town where death occurred yes mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (or) WHEND 59. If married, widowed, or-divorced HUSBAND of (or) WHEND 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than feely, hrs. or min. 8. Trade, profession, or particular S. Trade, profession or particular S. Trade profession or particular S. Trade, profession or particular S. Trade, profession or particular S. Trade, profession or part		Registration Dist. No. 33
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE NO BIVORCED (write the word) HUSBAND of (or) WIFF OF DEATH (month, day, and year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFF OF DEATH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW M	(If death occurred in a horsisidence in city or town where death occurred	
3. SEX 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) 22. I HEREBY CERTIFY, Thet I ettended decorate with the date stated ebove, at 4. Sept. 1 Idat saw him ellve on Office 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation (month end year) 12. DATE OF DEATH 22. I HEREBY CERTIFY. Thet I ettended decorate with the word of the date stated ebove, at 4. Sept. 11. DATE OF DEATH 23. DATE OF DEATH 24. COLOR OF DEATH 25. SINGLE, MARRIED, WIDOW (Month) 26. DATE OF DEATH 27. AGE 11. DATE OF DEATH 28. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which SAWYER, BOOKKEEPER, etc. 9. Industry or business in which SAWYER, BOOKKEEPER, etc. 9. Industry or business in which 1. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which 9. Industry or business in which 1. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which 9. Industry or business in which 1. SAWYER, BOOKKEEPER, etc. 9. Industry or business in		ard. If nonresident give city or town and State
OR DIVORCED (write the word) Wickbrook Sa. If married, widowed, or divorced HUSBAND of (or) WHEDON Scale Bound Scale Constitution Constit	NAL AND STATISTICAL PARTICULARS MET	DICAL CERTIFICATE OF DEATH
5a. If married, widowed, or-divorced HUSBAND of (or) WIFE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than f dey, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 16. Date deceased last worked et this occupation (month end year) 17. Total time (years) spent in this occupation 18. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 19. Total time (years) spent in this occupation 11. Total time (years) spent in this occupation 15. Total time (years) spent in this occupation 16. Date deceased last worked et this occupation (month end year) 16. Date deceased last worked et this occupation (month end year)	OR DIVORCED (write the word)	Afril 2 1945
7. AGE Years Months Days If LESS than f dey, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation (month end year)	Tota Foroble 22. 1 HI	EREBY CERTIFY, That I ettended deceesed fro
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, Sherahand SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation (month end year)	Bars Months Days If LESS than to have occurred on f dey,hrs. The PRINCIPAL CAL	the date stated above, at 4. 2
Other Contributory Causes of importance:	work done, es SPINNER, R, BOOKKEEPER, etc. Dusiness in which as done, es SILK MILL, ILL, BANK, etc. Ised last worked et upation (month end 1f. Total time (years) spent in this occupetion	Cardial Exhaustion 1944 —Pleural Efficien 2 — (Japped Ameraltimes)
12. BIRTHPLACE (city or town) Balto Co. Md. Orterio sclesses (State or country) Chronic aastritis	city or town) Balto Co. Ind. Onter	io-sclerous
13. NAME ROBAR H. Ormocost Branchial Declimentation Config. 14. BIRTHPLACE (city or town) Mame of operation Configuration Date of State or country)	Cogson H. Ormocost Brance Co (city or town). Name of operation.	hial Dedimentation Confl.
15. MAIDEN NAME Cottlerine Cullison 23. If deeth was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?	AME Cottherine Cullison 23. If deeth was due to Accident, suicide, or	o externei causes (ViOL ENCE) fili In elso the following: homicide?, f9
Where did injury occur? (Specify city or town, county and State) 17. informant Family Bible (Address)	Where do many occ	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Proce Manner of injury Nature of injury	mainer or injury	
19. UNDERTAKER Clavard C. Sefetane 24. Wes disease or injury in eny way related to occupation of deceased? (Address) Sampstand Ind. Si so, specify D. A.		jury in any way related to occupation of deceased?
20. FILED 4/2/ 1945 Frace OF Curband (Signed) Coupsil 6- Stanble (Address) Registrar (Address) Refusa and	ef 1943 Parette Purate	you Gooble M.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street, car TATIVES.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: countyBaltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: 8731 Satyr Hill Road	Street No. 8731 Satyr Hill Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Laura V. Besold	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH Opics 3 1945 at 8 30 p
6.(6) Name of husband or wife. William Henry Besold 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Oct. 2nd. 1873	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from 19.44, to affect 3. 19.45. and that I last saw h. E. C. alive on
8. AGE: Years Months Days If less than one day	Huert Quelle many
71 6 1hrsnie.	
9. Dirthplace Baltimore Maryland (Town, county, and state) 10. Usual occupation at home	Due to
E 12. Name James P. Harker	Other conditions Prolage of return
14. Maiden name Adaline Russon	(Include pregnancy within 8 nonths of death) Major findings of operations.
🖺 15. Birthplace Maryland	Date of op.
Address 8731 Satyr Hill Road	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Burial Date thereof 4/6/45 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Baltimo re	Injured at home, farm, industry, public place (where?)
18. Funeral director Leonard J. Ruck	Means of Injury Injured at work?
Address 5305 Harford Road	Grow, Neuren W.D
19. (Date ree'd by registrar) G-W-Maluch Registrar	Address 24808 Hearfall M. Date signed 4/4/4

Registrar ddress

Mo. 1222 THE RESERVE AND ADDRESS OF THE PARTY OF THE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Aces Diet Acommission
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County BALTIMORE BUER	State MD. County BALTIMORE
City or town	City or town
How long in above place of death?	
nospital, institution, or street address where death occurred.	Street No. 1007 FUSELAGE AVE. (If rural, give LOCATION)
How long in hospital or institution?	2.(σ) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WALTER S. BOYLE	207-01-7905
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W marked	20. DATE OF DEATH. April 18#5 21 9:40 P.
6.(b) Name of husband or wife MARIE T. BOYLE	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
B.(c) It alive, give age, U. 4. vears	may 9 1844 to Seat 6 1844
7. Birth date of deceased (mo., day. yr.) OCT. 6, 1898	and that least saw h. Liven. alive on
8. AGE: Years Months Days It less than one day	Ammediate caned of dearm.
46 5 25hrsmin.	Chillian harmonage
9. Birthplace MOUNTAIN TOP PA.	Due to Hagertensine Candio-Vas-
10. Usual occupation BOOK KEE PER	cular disease
	Due to
11. Industry or business GLEN L. MARTIN Co.	to Time select
12. Name PATRICK W. BOYLE 13. Birthplace / RELAND	Other conditions
13. Birthplace / RELHIVD	(Include pregnancy within 8 months of death)
14. Maiden name. ALICE STAN FORD 15. Birthplace MOUNTAIN TOP, PA. 16. Intermant MARIE T. BUYLE (WIFE)	Major findings of operations.
\$ 15. Birthplace / OUN IAIN TOP, PA	Date of op.
	Antepsy results
Address 1007 FUSELAGENVE.	22. VIOLENCE: It death was due to external causes, fill in the following;
Burial cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory CATHEDERAL CEM	Where did injury occur?
Location SCRANTON, PA.	Injured at home, tarm, ludustry, public place (where?)
18. Funeral director. La harles & Seiles	Means of Injury tnjured at work?
Addres 3 605 Fait my Balto ex md	Harves L. Tuller mp
	M. D. or other
19. Ohy 2 - 19 48 John & Connelly (Digitar)	Address Rage Rd, Bactinose - 6 Date signed 4/1/45

YOUR TENANT RECEIVED HAV 2 1915 MOUNTAIN TOP CAG MARIE TO BURGE CHAR A 2 D BASIS SULTAN TOTAL TOTAL PARTY

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) If outside city optown limits, write RURAL and give nearest town) Now long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war.... How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION of BINDING item caus 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from FOR and that I last saw h. 5% alive on ... 7. Birth date of deceased (mo., day, yr.) Immediate cause of death. 8. AGE: Months ARGIN RESERVED P 9. Birthplace...... 10. Usual occupation. 11. industry or business/ 12. Name_ Other conditions important. 13. Birthelaco (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... \$ 15. Birthplace 16. Interment PHYSICIAN: Flease underline the cause to which death should be charged statistically. PLAINL is especia 22. VIOLENCE: It death was due to external causes, fill in the following; (month) (day) (year) (Burial, eremation, or removal. Where did injury occur? Cemetery or crematory. (State) (City or town) (County) Injured at home, tarm, Indostry, public place (where?) Injured at work? Means of Injury 18. Funeral director (... 23. SIGNATURE. M. D. or other

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93-0

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Reg. Diat. No ...

M. D. or other

(M	correct age
		wery item of information earstully. The correct age
1	OR BINDING	
	N RESERVED FOR BINDING	INK. Supply
	Z	Z.

1. PLACE OF DEATH:

3. (a) FULL NAME

How long in hospital or institution?.....

UNFADING INK. Supply every item of information carefully. The coant, Physicians: please write the causes of death clearly and icgibly. important. PLAINLY, V is especially

		Te	ennie	, 10
temale	5. Color or race Colored	6.(a)Single	, married, widowed, or divor	ced
6.(b) Name of husband	or wife	F (a)) It alive, give age	
7. Birth dale of deceased (mo., day, yr	Dec.	011	185	years
8. AGE: Years 5 9	Months	Days	If less than one day	min.
9. Birthplace	Daryl.	ounty, and si	tate)	
10. Usual occupation	done	stic	2	
11. Industry or business 12. Name	ohn (Bron	Ra	
14. Malden name	Unkr	Tow	0	
16. Informant O	nes	Briters	Jan	٠.
(Burial, cremation,	41/01/	Dale there	ot (mostly) (day)	4.5 (year)
Location			OLO ()	
18. Funeral director	Toru	id.	Hills	106
19. (Date rec'd by reg) 19 Y]	- 0	Dell+ &	Registrar

(For newborn infants give residence of n	nother)	
State Carriftona Coun	y Calonsi	ulle
City or town(If outside city or town limits	write RURAL and give nes	rest town)
1/211 000 - 72		
Street No. 1 T A A A (If rural, give I	AN Jan	k
2.(a) It veteran, name war	***************************************	
A	3. (b) Social Security	Number
rooks		
MEDICAL CE	RTIFICATION	- ~
20. DATE OF DEATH. 4-14-	4519	19.00t
21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
4-8-45	to 4-14	-4.519
and that I last saw h. QL alive on 4	-14-45	19
Immediate cause of death		OURATION
7	1.4	
acute Mys	cardillo	
Oue to Hypertsmark Will	ereocclesos	is?
Other conditions		
(Include pregnancy within 8 me	onthe of death)	
Major findings af operations	Cada at an	
	vate of op	(
Autopsy results	ch death should be charged	statistically.
22. VIOLENCE: 11 death was due to external cause		
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, tarm, Industry, public place (whe	re?)	
Means of Injury	Injured at work?	
Pot Malm	1 0 21	

OCCUPA. should statement PHYSICIAN RECOKD. BINDING M properly MARGIN RESERVED may on instructions term See ain ū important. F very plnods OF WRITE mation

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County. Registration Dist. No. Village or City Wag (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred_c How long in U.S. if of foreign birth?_ Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Day) 5a. If married, widowed, or divorced HUSBAND of TIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTII (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) this occupation (month and spant in this ocrapation 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (cky or town) Neme of operation..... (State or country) What test confirmed diegnosis? Was there an au'opsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?... 16. BIRTHPLACE (city or town) (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR Menner of Injury Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2411 N. Charles St., Baltimore 93-2

03654

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Seldstone D. 2000	20
(If outside city or town limits, write RURAL and give nearest town)	2-1
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 6308 Frederick leve
6308 Frederich Urz	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Omma J. &	rosnan
4. Sex 5. Color or race 6.(a) Single, margled, migrowed, or divorced	MEDICAL CERTIFICATION
I H Hutowed	20. DATE OF DEATH Chil 30 1845 at 6.30 A
8.(b) Name of husband or wife Arelians F	21. I CERTIFY that death occurred on the date above stated; that I alteoded deceased from
6.(c) It alive, give age	2et. 10 18/12 10 Off 30 18 \$3
7. Birth date of	and that I last saw has alive on Office 29
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
Q1 2 18	
hrs,min.	They carded Tuenfference 1 aus.
9. Birthplace (Town, county, and state)	Due to.
\mathcal{M}_{2}	The persone Cardio Vasculas Descen 1030:
1D. Usual occupation.	Due to.
11. Industry or business	
12. Rame Tom Hagner	Other conditions
N 13. Birthplace	
# 14. Maiden name / It asallable	(Include pregnancy within 8 months of death)
14. Maiden name. 1 1 Callable 15. Birthplese	Major findings of operations
≥ 15. 8irthpleace	
16. Informant Ama Strongy	Antopsy results
Address 6308 Trederich une	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
- COUNTY -2-45	22. VIOLENCE: tf death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and and	Where did injury occur? (City or town) (County) (State)
Location OS GETTERSON EN MIL	Injured at home, tarm, industry, public place (where?)
18. Funeral director The Tank of the Control of the	Means of injury injured at work?
Address Ceathan will Max	- 1/ 4 // D
Mal	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	07 1/262/601/
(Pare of the Legistrat)	Address Communication of the signed South State Sig

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and degibly. MARGIN RESERVED FOR BINDING PLEASE VS A15

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RECEIVED

MAY 3 1945

BÜREAU V.S.

Market St. Committee of the Committee of

2411 N. Charles St., Baltimore /3-6

03655

	-	CERTIFICAT	TE OF DEATH	Reg. Dist. No	32
1. PLACE OF DEATH: County Baltimore City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O yrs. 9 mos. 19 days Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium Now long in hospital or institution? yrs., 9 mos., 19 days 3. (a) FULL NAME		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	Hy Baltimor write RURAL and give no control toccation)	arest town)	
5. (b) 1 0 ab 113 113		Leona Burke	The second	3. (b) Social Security # Unkno	Win
4. Ses Female	5. Color or raco White	6.(a)Single, married, widowed, or diverced Married	MEDICAL CE	RTIFICATION	. 8:35 A
7. Birth dato of deceased (mo., day, y 8. AGE: Years 27	m.) May 7 Months Il Int Washi	10WN	2t.I CERTIFY that doath occurred on the date above July 5, 19 and that I last saw her alive on Apr Immediate cause of death PULMONARY TUBERC Oue to Tubercle Bacil	ALLOSIS	24., 19.45 18.45 DURATION 4 yrs.
11. Industry or business 12. Name	eroy Bake Maryla	er nd	Other conditions Acute Nephri (Include pregnancy within 3 me	onths of death)	6 Wks.
ts. Birthplace	TO TICOTIC	nd Burke Baltimore, Md.	Autopay results	Date of op	
17. Buria (Burial, cremation, Comotory or cromate Location Ham	l or removal Which?) o St. Mar oden, Mary		22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	(County)	(State)
Address 361	5 Chestni	s 0 7 7 1 0 To	23. SIGNATURE Stewart S.	Shaffer	m'h

Registrar

Address.

Mount Wilson, Md.

nichol

VS A15

PLEASE

April 24, (Date rec'd by registrar)

...1945.

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, WITH ENF is especially important.

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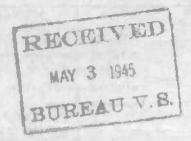
MAY 2 1945
BUREATT T.K.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Jelas	State maryland County Baltimas
(22 oneside cit) of solid sixting across on the fire searche could	07
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
Beltimore Co., Home	(If rurai, give LOCATION)
How long in hospital or institution? July 1 page 19 de	2.(a) If veteran, name war
3. (a) FULL NAME Emma Louise	Cair 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Col. lingle	20. DATE OF DEATH 4/29 1945 21 5 A. 1
0 (1) N 11 11 11 11 11	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
9.(b) Name of husband or wife	may 16 1943 to 4/29 1845
7. 9 irth date of 4 Co. 11 alive, give age years	and that I last saw h. C.T. alive on 4/28 1945
deceased (mo., day, yr.) about \$8 yrs.	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION 2450-
about 90hrsmin.	
9. Birthpiace Maryland.	Due to arterio Octiones -
9. Birthplace (Town, county, and atate)	Due 10.
1B. Usual occupation Utamily look	
	Due to Serreletaj
11. Industry or business	
13. Birtholace Maryland	Other coeditions Blued Foth cyla-
	(Include pregnancy within 8 months of death)
14. Maiden name Emanyla — unkoun 15. Birthplace Maryland.	Majer findings of operations
\$ 15. Birthplace Maryland.	Date of on.
18, Interment Miss anyly. H. Crane	Antepsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jawson, 4 maryland.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide,
(burial, cremation, or removal, which!) (month) (day) (year)	
Cemetery or crematory Balto. Co., Name	Where did injury occur?
Location Lexas, Md.	Injured at home, tarm, industry, public place (where?)
19. Funeral director Lendon . M. Brooks	Means of Injury Injured at work?
01	11.1 0 £ K.
Address Sparks, ma.	120 SIGNATURE V FISHER O. OUSUR M.D.
19 apr. 30. 19 45 Wm/ Chileon	M. D. or other
(Diffe ree'd by registror)	MANUEL CARRELL SAME MAN MAN 4/20125



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 19 CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Baltimore Maryland Mount Wilson (If outside city or town limits, write RURAL and give nearest town)

03657

DURATION

13 mos

Reg. Diat. No. 32 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Baltimore
(If outside city or town limits, write RURAL and give nearest town) Street No. 361 Cornwall St., Balto., Md.
(If rnral, give LOCATION) 3. (b) Social Security Number # Unknown

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married 8.(b) Name of husband or wife Margaret Cale

Robert Cale

Branch, Md. Tuberculosis Sanatorium How long In hospital or Institution? O yrs., 11 mos., 0 days.

June 20, 1918 deceased (mo., day, yr.) 8. AGE: Years If less than one day 15 26

9. Birthplace Wilson, North Carolina (Town, county, and state) Welder 1B. Usuat occupation.....

11. Industry or bustness E 12. Name David Cale
13. Sirthplace North Carolina

3. (a) FULL NAME

14. Maiden name. Hattle Buck. p. 15. Birthplace Wilson, North Carolina

Address 361 Cornwall St., Balto., Md.

Date thereof April 7,1945 Cometery or crematory Pine View Cemetery Location Rocky Mount, North Carolina

18. Funeral director, A. Reiley Slade

17 Burial (Burial, cremation, or removat, Which?)

Address 4907 York Road, Balto. Md.

MEDICAL CERTIFICATION

20, DATE OF DEATH April 4. 19.45 .. 5:00 P M 21. I CERTIFY that death occurred on the date above stated: that I stlended deceased from May 4, 19 44 to April 4, 1945

and that I last saw h _ im_alive on _ April 4. Pulmonary Tuberculosis

Tubercle Bacilli

Other conditions Tuberculous Enteritis

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town) injured at home, tarm, industry, public place (where?)

Means of Injury

Address Mount Wilson, Md. Date signed 4/4/45

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APR 25 1945 BUREAU V.S.

THE PERSON NAMED IN

2411 N. Charlen St., Baltimore (310)

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	of in	es
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	ever	te t
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	Supl	lease
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	SE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully.	Physicians: please write the causes of death clearly and legn
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VS A15

19. (Date rec'd by registrar)

E OF DEATH Reg. Dist. No	7
City or town Beltimore (If outside city or town limits, write RURAL and give near Street No 2024 McCulloh Street (If rural, give LOCATION) 2.(a) If veteran, name war WW-I	est town)
MEDICAL CERTIFICATION	
21. I CERTIFY that death occurred on the date above stated; that I attended decea April 4	sed from
Uremia, acute	7 Days
Due to Nephrosclerosis Due to Dither conditions. Heart. Diseases. Hypertension and coronary arteriosclerosis with myocardiar discussification. Major findings of operations.	
22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

03659

(13659

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 30 yrs., 9 mos., 22 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 30 yrs., 9 mos., 22 days	State. Maryland County Frederick City or town		
3. (a) FULL NAME Thomas S. Clokey	2.(a) If veteran, name war		
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20, DATE OF DEATH		
8.(b) Namo of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8, 1914 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Chronic myocardial failure Indef.		
9. Birthplace	Due to. Chronic arteriosclerotic heart disease "		
12. Name?	Other conditions		
14. Malden name ?	Major fiadings of operations		
Hospital records Address Catonsville, Balto -28, Md.	Antopsy results		
17. Date (Burial, cremation, or removal, Wirtch) Cemetery or crematory. Company of the company	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director of the first of the fir	Means et Injury 23. SIGNAFUR ROBert E. Barcher, M.D. M.D. or other Catons ville, Balto28, Md. n. signed. 4/30/45		
(Date rec'd by registrar)	Address Odcons VIIIe, Dallo -20, Muhae signed 4/30/40		



130 -

2

1. PLACE OF DEATH

County

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03661

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore	State Mary Land County	
Catonsville (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 10 months, 26 days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 54 North Ellamont Street	
Spring Grove State Hospital	(If rural, give LOCATION)	
How long in hospital or institution?10 months., 26 days.	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Rosa Costa		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
f w married	20. DATE OF DEATH. April 11, 19. 45, 215.200 P. M	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wite	May 16	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) January 15, 1889	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Uremia 7 days	
56 2 27hrsmin.		
Cicily Thely	Due to Chronic hypertensive cardio Indef.	
9. Birthplace	renal disease	
10. Usual occupationhousewife	Due to Ardenocarcinoma of the breast Indef	
11. Industry or business own home	Diff. (1)	
	Other conditions	
H 12. Name Poter Delia Sicily, Italy		
Mania C Vanuta	(Include pregnancy within 3 months of death)	
14. Maiden name Grace Venonto Maria G. Venuta	Major findings of operations	
\$ 15. Birthplace Sicily, Italy	Date of op.	
14. Maiden name Grace Venonto Maria G. Venuta 15. Birthplace Sicily, Italy 16. Informant Hospital records	Antopsy results	
Address Batonsville, Baltimore - 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
,	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereot April 16/45 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Holy Redeemer BKXXXXXXXX	Where did injury occur?	
Location Belgir Rd. Beltimore Md.	Injured al home, farm, industry, public place (where?)	
18. Funeral director Frault Wella hoee	Means of Injury tnjured at work?	
	("D) 757, C	
Address 52 N. Morley St.	2 south when 6 far dues m. d.	
19. 4/12 19 45 Alo. He Drie	Robert E. Gardner, M.D.M.D. or other	
19	Address Baltimore - 28, Md. Date signed 4/12/45	

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (766)

CERTIFICATE OF DEATH

03662 Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (if ootside city or town limits; write RURAL and give nearest town)	State Waste D. C. County
How long in above place of death?	City or town (tf outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) il voteran, nams war
3. (a) FULL NAME	3. (b) Social Security Number
Dale Dailey	S.(c) Stem Seemy Number
4. Sex 5. Color or race 6.(q)Single, married, widowed, or divorced 95.	MEDICAL CERTIFICATION 2D. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	The second state of the second states, the second s
7. Birth date of	and that I last saw h alivo on 19
dscsased (mo., day, yr.) Cyrul, 1919.	Immediate cause of death DURATION
8. AGE: Years Month Days If less than one day	Fracture of Base of Shall (left six)
26hrsmin.	Frasture of Felt marille (no
9. Birthplace B voton Massachus etto	Trackered Trackers of Mandille
19. Usual occupation.	Due to
11. Industry or business	anti assident.
12. Name n. D. Dailey 13. Birthplaco D and Known	Other conditions
# 11. Bittiplaco	(tnclude pregnancy within 8 months of death)
14. Maiden name II II	Major findings of aperations.
≥ 15. Birthpiaco	Date of op.
16. Informant Charles of Mac Farry	Autopsy results
Address Brooklang ville, mo	
(Burial, cremation, or removal. Which?) Date thereof Chris 10, 1945 (honth) (day) (year)	22. VIOLENCE: if death was dus to external causes, fill in the following: Accident, suicide, or homicide
Cometory or crematory 11 our Search	Where did injury occur? City or town) (County) (State)
Location waltham, Massachusetts	Injured at home, farm, industry, public place (where?)
18. Funeral director um Berryman & Sono	Means of injury outs according injured at work?
Address, Reistergturger, mg.	As. SIGNATURE D. D. Caples - My. D.
18. 4-6 (Date rec'd by registrar) 19. Same Styllbary Registrary	Address Paisterstown, M. D. or other Address Paisterstown, M. Date signed and 6 45

HEREIG & D. A. LOPHIESE

BUREAU V. B.

2411 N. Charles St., Baltimore

03663

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty	(For newborn infants give residence of mother)
ty or town	State County
(If outside city or town limits, write RURAL NEAR and give town) reet address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give town)
3008 Jaylor ave	- Street No. 3008 Caulot.
ay in hospital or inst. (yrs., or mak., or days)	Street No. (If rural give LOCATION)
ay in this community (yrs., or mos., or days)	2(o) IF VETERAM, NAME WAR
.(a) FULL NAME	1. Daubhin 3. (b) Social Security Number
Teon W. Wa	after min
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Win Married	20. DATE OF DEATH Up 25 19 45 , at 80.
(b) Name of husband or wife Cleseloth W. Daw	21. I LEGIFY that death occurred on the date above stated; that I attended deceased from
72-	Jan 4 1945 10 april 25 1943
Birth date of	and that I last saw h was alive on Ohul 35 1945
deceased (mo., day, yr.) \tag{119}	Immediate cause of death
. AGE: Years Months Days If less than one day	Urlinia - Chrone repulis 4-3/
13 \ hrs	min. Carter- var sular- rend ruce -
Birthplace Plu . York .	Bue to asterio - Sclerory
(2) wn_ocupty, and state)	the necturing
D. Usual occupation / CUCUCA	Part I
1. Industry or business	Due to
12. Name Milo. Nauphin	Charle Mollilies
12. Mame Mac. Nauchus 13. Birthplace Hauce	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lukenvivu 15. Birthplace Hauch	Major findings: PHYSICIA
15. Birthplace flance	Df operations Please under the cause to
6. Informant Mrs. C. Dauphin	death should charged statis
2000 14 6 1	Of autopsy cally.
Address 3008 & C. Jeylon	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, sulcide, or homicide Date of
1/171-011 Eh	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location - Teleplane	Injured at home, farm, industry, public place (where?)
8. Funeral director O Tallingane 7 m	Means of Injury Injured at work?
	1 · a /
Address 2) 1 Blood, on	

MARGIN RESERVED FOR BINDING

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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Lastumore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Bullmore City or town Day daylor
How long in above place of death?	City or town (1f onteide city or town limits, write RURAL and give nearest town) Street No. (1f rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF BEATH. MEDICAL CERTIFICATION 18. 45, 21. 4-A.
6.(b) Name of husband or wife Robert Set Lay	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7,00 26 1880	and that last saw h LL alive on
8. AGE: Years Months Days It less than one day (0 4 4 / 6	Cerebral Munorlinge day
9. Birihplace	Due to Mystarditis, Mrsmi: 5 yrs.
1D. Usual occupation	Due to Astropelisais 5 ys.
12. Name Pher Sel Day	Other conditions
	(Include pregnancy within 8 months of death) Major findings of operations.
14. Maiden name	Date of op.
16. Informant St. Than W. Day Address 8 9 Coal are	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burlal, cremation, or removal. Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory 9 115 9 19	Where did injury occur?
Location Location to mend of Rush	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address 5305 Houfers D.	23. SIGNATURE OUT Chidees m. D.
19. (Date ree'd by registrar) Registrar	Kurches Addudalk m. M. D. or other

VS A15

PLEASE WRITE PLAINLY, WITH ONF is especially important.

MARGIN RESERVED FOR BINDING

Marylan Registered No. CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED : (a) Baltimore Cin, Maryland (a) State Maryland County 222 astroved Ro (c) Hospital or institution: (If outside city or town limits, write RURAL and give town) (If rural give location) (d) Length of stay in hospital or inst. (vrs., mos., or days)..... (e) Citizen of foreign country? (Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days) If yes, name country..... 3 (a) FULL NAME Bent anu Franklin 3 (b) If veteran, name war 3 (c) Social Security Account MEDICAL CERTIFICATION No. 213-10-2852 20. DATE OF DEATH CIPTURE 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated; that lattenddivorced. wal ed deceased from Dec 1945 to april 23 1945 6 (b) Name of husband or wife. There's and that I last saw h (malive on 6 (c) If alive, give age 37 years Immediate cause of death 7. Birth date of deceased (mo., day, yr.) klee y () Years 8. AGE: Months Days If less than one day 9. Birthplace... 11. Industry or business Other Conditions **PHYSICIAN** (Include pregnancy within 3 months of death) 13. Birthplace Date of operation..... Underline the Major findings of operation: csuse to which 14. Maiden Name death should be charged statis-15. Birthplace of autopsy: tieally. 22. If death was due to external causes, fill in the following: 16 (a) Informant (a) Accident, suicide, or homicide..... (b) Address (c) Where did injury occur? (City or town) (c) Cemetery or crematory.... (d) Did injury occur about home, on farm, industrial place, in public Location.... While at work?.... (Specify type of place) 18 (a) Funeral director to here (e) Means of injury. (b) Address 23. Signature... Date signed 4 VS 150

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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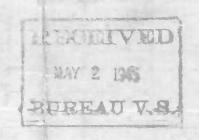
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	3	8

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn iofants give residence of mother) State Manyland County Count
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernale White Married 8.(b) Name of husband or wife Albert Debrurgh 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day 1. Months Bays It less than one day 1. Months Bays It less than one day 1. Months Bays It less than one day	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943, to 1943 and that I last saw h. a. alive on 1943 Immediate cause of death Canada DURATION Character And Canada DURATION
9. Birthplace Alary and (Town, county, and state) 10. Usual occupation HOUSEWITE 11. Industry or business 12. Name Fred W. Schaffer 13. Birthplace Frederick Md.	Due to
14. Maiden name. 15. Stripplace 18. Informant A / Cort E Bangh Address Town 2017, Mary and 17. Butting remation, or removal. Which; Butting remation, or removal. Which;	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tellowing: Accident, suicide, or homicide. Date of
Cemetery or crematery Location 18. Funeral director Address 19. Copylination 19	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Address & DDB Struct Are Towson M. D. or other Date signed Are Signed County (County) (State) Date signed County (County) (State)



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2411 N. Charles St., Baltimore 93-4

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Catonsville, Balto -28 Ma.

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CERTIFICATE OF DEATH

Reg. Diat. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore Maryland Catonsville How long in above place of death? 4 months. 29 days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 1532 North Caroline Street Spring Grove State Hospital (If rurai, give LOCATION) How tong in hospital or institution? 4 months, 29 days 3. (a) FULL NAME 3. (b) Social Security Number John Denk 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION8:10 a. April 27 Male White Widowed 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Augusta Hanamon 6.(b) Name of husband or wife November 29 19 44 to April 27 and that I last saw h ___im_alive on ____ 7. Birth date of January 3, 1859 deceased (mo., day, yr.) Immediate cause of death 8. AGE: It less than one day Chronic myocardial failure Indef. 86 24 Chronic hypertensive cardio-Balt imore, Maryland (Town, county, and state) 9. Birthplace vascular disease Cigar-maker 10. Usual occupation. Cigar 11. Industry or business 12. Name...... 13. Birthplace Anthony Denk Old caseous tuberculosis (post-mortem finding)
(Inclode pregnancy within 8 months of death) Germany 14. Malden na 15. Birthplace Mary Marx 14. Malden name.... Major findings of operations..... Germany Hospital records 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville, Balto .- 28, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (42) CERTIFICATE OF DEATH 1. PLACE OF DEATH: legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: The (For newborn infants give residence of mother) on carefully. Hospital, lostitution, or street address where death occurred: (If rural, give LOCATION) information c How long in hospital or institution?. 2.(a) If veteran name war 3. (a) FULL NAME 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.(b) Namo of bushand or wife...... MAY .6.(c) If alivo, give ago write 7. Birth date of and that f last saw b. (77 alive on ... deceased (mo., day, yr.) Supply Immediate cause of death ... 8. AGE: Months If less than one day ease ple ADING INK. Physicians: p 10. Usual occupation. 11. Industry or business LACCEATION 12. Name. important. REGION SCALD 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace PLAINLY, V PHYSICIAN: Flease nuderline the cause to which death should be charged statistically. Accident, suicide, or homicide...... Where did injury occur? WRITE (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director. Address 23. SIGNATURE

Registrar

3. (b) Social Security Number APR. 28

> DURATION 1 HR

L. PARIETAL

22. VIOLENCE: If death was due to external causes, fill in the following;

(Date fee'd by registrar)

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MAY 3 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 46-6

03668

CERTIFICATE OF DEATH

			CERTIFICA	IL OI DEATH	Reg. Dist. No	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED: mother)	
City or town			ed: .rd. Md.	1016 E Ch Ct		arest town)
How long in hospital o	r Institution?1.7.	Days	***************************************	2.(a) If veteran, name war		V.
3. (a) FULL NAM	ROBERT				3. (b) Social Security 213-01-614!	
4. Sex Male	5. Color or race		le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
		6.	th E. Doenges(c) If allve, give age41years	21. I CERTIFY that death occurred on the dale abo	ve stated; that lattended dece 45toApr.il20 1 20,	ased from 19 45 1945
8. AGE: Year: 48		Days 21	It less than one dayhrsmin.	General Carcinomatosi	sofAbdomen	l Yr.
9. 8irthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Steam Engineer		Due to Primming in stammach .	distal portion.			
11. Industry or busines				Due to		•
第 12. NameCO				Diher conditions Cicatrices, al		led
14. Malden name 15. Birthplace	Susie Harm Pennsylvan inical Rec	ia ords	Vets. Adm. Fac.	(Include pregnancy within 3 n Major findings of operations Small nocomentum, mesentery has abdominal cavity. Antopsy results.	dular masses i rd scattered t	hroughout
17. Buria (Burial, cremation	woodle	Date the	reol. #23/45 month) day) (year)	PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ses, fill in the following:	
Location Baltimore, Maryland			aryland	Injured at home, farm, Industry, public place (wh		
18. Funeral director Address	St. Pa	ul & P	reston, Balto., Mo		hard,	
19. (Date rec'd by re	gistrar) taine	by ph	OF A/24/A5 Registrar	23. SIGNATURE Y FICHARDS, 1	MAJOR, M.C.M. AN yland Date 4 20	Troclin. 0/45 DIR

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The correct age

NITY UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

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PLEASE WRITE PLAINLY, WITH UNFADING INK.

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MARYLAND STATE DEPARTMENT OF HEALTH

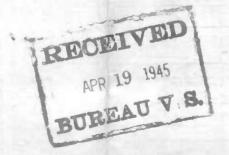
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03669

20

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Beltimore
City or town	City or town
3. (a) FULL NAME	3. (b) Social Security Number
MARY ELIZABETH DONOVAN	*************************************
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH
6 (b) Name of husband or wifeOwen_James_Donovan	21. I DEBTIFY that death occurred on the date above stated; that I attended deceased from 1945, to Upvil 1945,
7 Birth date of	and that I last saw her alive on aferil 1, 1945.
deceased (mo., day, yr.) Apgust 1, 1866 8. AGE: Years Months Days If less than one day	Immediate cause of deathy DURATION 13/2 hus
78 8 hrsmin	
9. Birthplace Baltimore Co., Maryland (Town, county, and state)	Due to Aypertensin Work.
10. Usual occupation Housewife 11. Industry or business At Home	Due to diteriosclerosis Week.
12. NameAndrew Miller 13. Birthplace Germany	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings: Df operations Please underline
E 15. Birthplace Germany	the cause to which
16. Informant John Donovan Address Burke Ave., Towson, Md.	Df autopsy death should be charged statistically.
17. Burial Date thereof April 4 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Mt. Marie Cemetery	Where did injury occur?
	(City or town) (County) (State)
LocationTowson, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Off Survey Surve	Means of Injury Injured at work?
Address Towson, Manyland	23. SIGNATURE L'Ollin 6. Juden M.S.
19. (Date per'd by registrar) (Life for the life for the	Address Town 4 lbd Date signed 4/2/45.



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (462)

03672

CERTIFIC	CATE OF DEATH Reg. Diat. No.
I. PLACE OF DEATH: / County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If yeleran, name war
3. (a) FULL NAME Vir ginia Poring	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 1945 at 6
6.(b) Name of husband or wife. 8.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It fees than one dayhrs.	min. Immediate cause of death DURATE TO LEAVING TO STATE TO AND THE COURT OF THE PROPERTY OF T
9. Birthplace	Due to.
11. Industry or business 12. Name Lehn Westherstine 13. Birthplace Baltimore	
14. Maiden name Christina Cardner 15. Birthplace / Baltimore	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Interment Land Land Residence South	Autopsy results
17. (Burlal, cremation, or removal. Which!) Date thereof. (month) (day) (year)	
Location Canting Green Belts Co. 1	Where did injury occur?
Address 418 Sastember Balts 211	23 SIGNATURE Demany no Hermone
19. 4/ 6 (Date rec'd by registrar) 19.45 Astonielly Regis	M. D. or other

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MAY 2 1945 BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH supplied. Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) pe town limits, write RURAL NEAR and give town) should carefully rly and legibly. Stay in hospital or inst. (yrs., or mos., or days) plnods Stay in this community (yrs., or mos., or days)_____ 3. (a) FULL NAME 3. (b) Social Security Number information s of death clea MEDICAL CERTIFICATION FOR BINDING 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from item Every ite 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: If less than one day RESERVED Physicians: please (Town, county, and state 1D. Usuel occupation ____ C ADIN(MARGIN 11. Industry or business 13. Birthplace 14. Maiden name 14. Maiden name PHYSICIAN Major findings: Please underline the cause to which death should be charged statisti-PLAINLY especially 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. WRITE 1 Where did injury occur?-(City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ___ correct Means of Injury Injured at work? 18. Funeral director. PLEASE Address 23. SIGNATURE M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (372)

CERTIFICATE OF DEATH

03671

Reg. Diat. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Slate Mariful County Dulting
City or town	Slate County County
How long In above place of death? Lifetime 71-4-5	City or town
Hospital, Institution, or street address where death occurred:	Sireet No.
Baltimel County How	(If rural, give LOCATION)
How tong in hospital or institution? I I I I I I I I I I I I I I I I I I I	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
maticala Naus	outes V
4. Sex 5. Color or race 6.(q) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I gode gklite linela	
mare since straye	20. DATE DF DEATH. 0 pv. 15 19 45 at 10 A M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	apa 19.3.6 , to apr. 13-19.43
7. Birth date of	and that I tast saw have alive on
deceased (mo., day, yr.) dec. 10 - 18 7.3	Immediate cause of death
0. Ada.	Caremona 299
11 4 9min.	Ramarily Peris - 4 ffrom
9. Birthplace Mary and atate)	Due Io.
To Donate	
10, Usual occupation.	Due to
11. Industry or business	
12. Name Cornick Dugberly	Dther conditions
13. Birthplace	
E 14. Maiden name. Ellew Ellwood	(Include pregnancy within 8 months of death)
14. Maiden name. Ellen Ellward. 15. Birthplace Greland	Major fiedings of operations and find the field of the fi
	Date of op
18. Informant Balto. Country Home Register	Autopsy results.
Address Lefas, md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17 Berisl Bale thereot apr. 17 1945	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cremation, or removal. Which?) Bale thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Josephio Cemetery	Where did Injury occur?
Location Lexal, manyland.	Injured at home, tarm, Industry, public place (where?)
J. J. 304 (1)	Means of Injury tnjured at work?
18. Funeral director	
Address sparke ma;	Wilmen Co. Durothis.
aby 19 4- WW 1. Vil st	23. SIGNATURE M. D. or other
(Daté rec'd by registrar)	Address Leclary Cvilla M. d. Date signed 4/15/43



	Neg. Dist. No. amin. Carinimania
1. PLACE OF DEATH: County A.A. S. CEPPAR Baltimore RATT HOSPITAL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Towson (If outside city or town fimits, write RURAL and give pearest town) How long in above place of death? 2 years 3 days Hospital, institution, or street address where death occurred: Sheppard and Enoch Pratt Hospital How long in hospital or institution? 2 years 3 days	State. Maryland County. City or town Baltimore (If ontside city or town limits, write RURAL and give nearest town) Riviera Apartments, Linden Avenue Street No. & Druid Lakeeral EvelScation)
How long in hospital or institution?	2.(a) It yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number

4.13.45 (month) (day) (year)

IDA FENSTERWALD 6.(a) Single, married, widowed, or divorced Female White Single 6,(b) Name of husbaod or wife..... deceased (mo., day, yr. August-10th. Years tt less than one day 8. AGE:hrs. 9. Birthplace Baltimore Maryland (Town, county, and state) 10. Usual occupation none 11. Industry or business 12. Name...Henry...Fensterwald.

14. Malden name Bertha Burke

17. Burial (Burial, cremation, or removal. Which?)

Location Baltimore Md.

Germany

18 Interment Hospital Records

Cemetery or every Hehrew Friendshin

1902 Eutaw Place

Date thereof.....

20, DATE OF DEATH ADRIL 11 1945 at 1:25 P.M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 8 19.43 to April 11 19.45 and that I last saw her alive on April 11 19 45 Immediate cause of death..... Chronic myocardit

MEDICAL CERTIFICATION

(Include pregnancy within 8 months of death) Major findings of operations.....

Autopsy results. Do above PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Registrar | Address Shepperd-Pratt Hosnital Date signed #///

Where did in jury occur?(City or town) (Connty)

Injured at home, tarm, industry, public place (where?) Means of tolury

19. Balto. Md.

15. Birthplace

Address

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ADING INK. Physicians: pl

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3. (b) Social Security Number

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

2.(a) If veteran, name war......

Immediate cause of death ...

2. USUAL RESIL	ENCE (HOI	ME) OF DEC	EASED:		
City or town	Jund				
Street No. 5	ontsid city or to	wo limits, write	e RURAL and giv	e nearest town)	
	(i.ch	ral, give LOCA	TION)		

3. (a) FULL NAME

How long in hospital or institution?

1. PLACE OF DEATH:

How long in above place of death?..... Hospital, Institution, or street address where deeth occurred:

4. Sex

(If ootside city or town limits, write RURAL and give nearest town)

7. Birth date of deceased (mo., day, yr.)

Years If less than one day 8. AGE:

9. Birthplace. (Town, county, and state) 1D. Usual occupation...

11. Industry or business

12. Name Cu

14. Malden na 15. Birthplace 14. Malden name.

16. Informant ..

MEDICAL CERTIFICATION

20. DATE OF DEATH Apri 21. I CERTIFY that death occurred on the date above stated; that Latlended deceased from

and that I last saw h. alive on

(include pregnaccy within 8 months of death)

Major findings of operations.....

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work? Means of Injury

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The correct age

INK. Supply every item of information carefully.

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballman	State Many Lamb county 3 al Imae
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Kuntz avenue.
	(If rurai, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, came war
3. (a) FULL NAME	3. (b) Social Security Number
ADOLPHUS FISHPAUGH	220-05-8243
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH. April 8, 19 45 at 5:10
Mana Ellan December	20. DATE OF DEATH
6.(b) Name of husband or wife Mary Ellen Duering	Langer 18 1975 to A 200 8 1975
7. Birth date of	and that I last saw h. Mark allve on
deceased (mo., day, yr.) February 13, 1869	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Atotesse Scleronis Hypen southin 6 years
76 1 26	
Politimone Co Manuland	Milie I may/evering in my could
9. Birthptace Baltimore Co., Maryland (Town, county, and state)	Due 10
to. Usuat occupation Filing Dept.	
tt. Industry or business Black and Decker Mfg.Co.	Due to.
12. Name Robert Fishpaugh 13. Birthplace Maryland	Other conditions
13. Birthplace Maryland	
	(Include pregnancy within 8 months of denth)
	Major findings of operations.
	Date of op,
16. Informant Harry B. Fishpaugh	Autopsy results
Address Lutherville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial 10.1945	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereot April 10 1945. (Burial, cremation, or removal Which?) Cametery or crematory Sater's Baptist Cemetery	Accident, suicide, or homicide
	Where did injury occur?
Luther ille, Maryland	Injured at home, tarm, lodustry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director of AM DANAN STAR	13/1/28 00
Address Towson. Maryland	23. SIGNATURE / 1. W. Dellman M.
"Cook 10. "45 M/Whitehall whitehall	M. D. or other
19. (Day rec'd by registrar) (Day rec'd by registrar) Registrar	Address T Date signed I buil 8 194

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MAY 2, 1945

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. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9401

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TIFICATE	OF	DEATH	

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Md., County Balto. City or town Glan Arm (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex F Sex Sex	MEDICAL CERTIFICATION 20. DATE DF DEATH April 26, 145 11:00A.m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 72 72 9 6 hrs. min. 9. Birthplace Baltimore, Md. a. (Town, county, and state)	and that I last saw h. A.Y. alive on April 26 Immediate cause of death Coronary Occlusion Due to. Cultico Schools
10. Usual occupation	Due to
16. Informant Mr. Thomas H. Fitchett Address Glen Arm, Md. 17. Burial (Burial, cremation, or removal Which) Cemetery or crematory. Trinity Location Long Green, Md.	Actopsy results PHYSICIAN: Please underlice the caese to which death shoeld be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. WM. J. TICKNER & SONS Address Balto. Md 19. (Dato rec'd by registrar) Registrar	23. SIGNATURE Plus Tilden Howard M. D. Address 12 Eart Eagn St., Balt Date signed Afr. 27, 45

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age is shown on 2411 N. Charles St., Baltimore (954) CERTIFICATE OF DEATH FILM NO. G 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. (For newborn infants give residence of mother) County..... (if outside city or town limits, write RURAL and give nearest town) carefully (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address where death occurred: information How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MARGIN RESERVED FOR BINDING 2D. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Days and decease 10. Usual occupation. 11. Industry or business Wither conditions 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Malden name Major findings of operations 18. Informani PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur? (City or town)

PLEASE

Address

18. Funeral director ..

23. SIGNATURE

Means of Injury

(Date rec d by registrar)

Address.

Injured at home, farm, Industry, poblic place (where?)

tniured at work?

(State)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. information should be carefully supplied. The CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (a) State Med (b) County Class Cor (b) Street address (c) City or town. (c) Hospital or institution: (d) Street No. 9 2 24 (If rural give location) (d) Length of stay in hospital or inst. (yrs., mos., or days)...... (e) Citizen of foreign country?.....(Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days)..... If yes, name country..... 3 (a) FULL NAME Ray 3 (b) If veteran, name war 3 (c) Social Security Account MEDICAL CERTIFICATION No. 4-27- 19K5, at2:25 M 20. DATE OF DEATH 4. Sex 5. Color or race 6 (a) Single, married, widowed, or BINDING divorced. Denule 21. I certify that I took charge of the remains described above, held an Single thereon and from the evidence obtained 6 (b) Name of husband or wife ...-Every item of i Autopsy, Inspection or Inquiry 6 (c) If alive, give age years by said Autopsy, Inspection or Inquiry, find that said deceased came FOR 7. Birth date of deceased (mo., day, yr.) July 28, 1925 to death on the day stated above, and death in my 8. AGE: Years Months If less than one day Davs opinion resulted from: natural causes , accident , suicide . RESERVEDhr.min. homicide , undetermined and that the causes of death were: IMMEDIATE CAUSE OF DEATH 9. Birthplace Anne Arundel Co., Md. INK. (Town, county, and state) 10. Usual Occupation Secretary UNFADING Physicians: p 11. Industry or business Davidson Chemical C. 12. Name Charles V. Gable Balto. Co. 13. Birthplace Other Conditions 14. Maiden Name Augusta Ray Gable (Include pregnancy within 3 months of death) 15. Birthplace Anne Arundel Co. 16 (a) Informant Mrs. Augusta Ray Gable 22. If an external cause was primary or contributing cause of death, fill in the following: (b) Address Glen Burnie, Md. RITE PLAIN is especially Burial (b)Date thereof 4/29/45 (Burial, cremation, og removal) (month) (day) (year) (b) Where did injury occur? (c) Cemetery or crematory Friendship Cem. (c) Did injury occur at home, on farm, industrial place, in public Location Anne Arundel Co., Md. place? While at work? PLEASE WI 18 (a) Funeral director WM. J. TICKNER & SONS (d) Means of injury..... Balto Md. Medical Examiner. Date signed X - 28 - KJ (Date rec'd by registrar) VS 151

Wh.	y The	Evidence for change of BALTIMORE CITY HE Wear of birth of deceased is CERTIFICATE 1945	W. P. 1/ D Registered No.	5-41
H	supplied	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	30.
	ans	(a) Baltimore City, Maryland (b) Street address 104 W. Thirteen the had	(a) State Md (b) County	0
		(b) Street address 1.0.7. W: Mulling A. M. (c) Hospital or institution:	(c) City or town Ballinore	
	carefully gibly.	(o) 170sp.tat of motivation	(If outside city or town limits, write RURAL	and give town)
	legi	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No 10 4 W. 13 th fue. (If rural give location)	•••••••
-	d be	(c) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?	(Yes or No)
	should arly a	3 (a) FULL NAME A	n	
	0	Max Mellin Slis	MEDICAL CERTIFICATION	
	information of death cl	3 (b) If veteran, name war 3 (c) Social Security Account No. 2 16-01-9950	20. DATE OF DEATH OFFICE 27 1945	
BINDING	orma f deat	4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above tree	atIVI
A S	(0.1	M W divorced married	ed deceased from two 10 1945, to Chr	127 1945
	n of ause	6 (b) Name of husband or wife Catherine E. Guslin	and that I last saw here alive on your 1519	Y)
FOR	iter he c	6 (c) If alive, give age 3 7 years	Immediate cause of leat	Duration
A-	-9's	7. Birth date of deceased (mo., day, yr.)	Hodgiteens besease	
E.	E P	46 hr. min.	Ducofodglerns).	
RESE	INK.	9. Birthplace Ballo Mid.		
RE	75	10. Usual Occupation (Town, county, and state)	Due to	
NIS	FADINC sicians:	11. Industry or business Md. Duydwek	Other Conditions Muyradial	######################################
MARGIN	FAL	# 12. Name Wm. Seisler	Jusufficiency	PHYSICIAN
M	UNF	13. Birthplace Gumanu	Date of operation	Underline the
	bt .	# 14. Maiden Name Mary Detrel	Major findings of operation:	cause to which death should be
	WITH rtant.	15. Birthplace Sumany	of autopsy:	charged statis- tically.
	LY, WIT	16 (a) Informant Mrs. Katherine Seesler	22. If death was due to external causes, fill in the foll	owing:
	Z	(b) Address / 4 W. 13 th 27.	(a) Accident, suicide, or homicide	
	rE PLAI	17 (a) (Burial, cremation, or removal) (nonth) (day) (year)	(b) Date of occurrence	M
	E]	(Burial, cremation, or removal) (nonth) (day) (year)	(City or town) (Count; (d) Did injury occur about home, on farm, industrial p	
	RIT is	Location Retelie Hishway	place? While at work	
2000	E W	18 (a) Funeral director Fred. A. Kranga & Dan	(Specify type of place)	-1
(3)	ASI	(b) Address 1216 D. Charles St.	23. Signature	ch,
U	PLEASE WRIT	19 (a) (Date rec'd by registrar) Registrar	Address 339 S. Charles & Date signed	dt/28/41-
		VS 150	X	

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

Spel SABURE

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 194

03680

Date signed 4/18/45

CERTIFICAT	E OF DEATH Reg. Dist. No. 44	
1. PLACE OF DEATH: County City or town (If ontskie city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: Mow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For gewborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rnral, give LOCATION) 2.(a) If veteran, name war.	000000
3. (a) FULL NAME	3. (b) Social Security Number	
HERBERT be the R	213-07-0481	/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced One of husband or wife Lola E	20. DATE OF DEATH	7
7. Birth dale of Section 1. Birth dale of Sect		
7. Birth dale of deceased (mo., day, yr.) Aug. 4.	and that I last saw halive on	
8. AGE: Years Months Days If less than one day H 8 10 1 +hrsmin.	Immediate cause of death LLC TIZO C V T 10.1V	ON
9. Birthplace. (Town, county, and state)	Due to	********
10. Usual occupation Electrican	Que to	******
11. Industry or business Beth. Steel		
12. Name Lukrown 13. Sirihpiace Lukrown	Diher conditions	
13. 9Irihpiace William	(Include pregnancy within 3 months of death)	
8	Major findings of operations.	*****
18. Birthplace malerino		
16. Informant	Autopsy results	
Address 35 Musical and Surial Baie thereof. 4/2/1/5- (Burial, cremation, or removal, Which?) Cemetery or grematory. Moselland. Messa.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide T.C. C. I.G. A. J. Date of T. J.	_
Location Laylor are	Injured at home, farm, Industry, public place (where?)	
18. Funeral disagrafian Floring Inc. la J. Less Mig.	Means of injury PANE IN CONTIFET Injured al work? YES	
Address 7 45 Light St.	23 SIGNATURE MB DAVY: MM	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	8.
1. PLACE OF DEATH	942	11
County Dally	Registration Dietz No. 38	
Village or City	No. 477 John RO St.	Ward
(If Length of rasidanca in city or town where deeth occurrad to the most	death occurred in a hospital of institution, give its NAME instead of street and nu- ds. How long in U.S. if of foreign birth?	
2. FULL NAME CANTAL & Ser	maculf U. S. Veteran, specify WAR	
(a) Residence: No. 477 Harris A	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SUGLE, MARRIED, WIDOWED, OR DIVORCED (worke the word)	21. DATE OF DEATH (Month) (Day)	193 /5 (Year)
5a. If married, widewed, of divorced / 6		
(Or) HIPE of Male (Sigley	22. I HEREBY CERTIFY. That I attended d	acaasad Irom
3/2//1911	Llast saw h	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 12 mm.	, daatii is said
/ / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
9. Trade explanate explanate	ware as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corner Jelins	1920
9. Industry or business in which	Commy Seum	
work was done, as SILK MILL, SAW MILL, BANK, atc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaesed last worked et this occupation (month and year) year) 11. Total time (years) spant in this occupation		
(2 H) 6 V. b	Other Contributory auses of importance:	Bes
12. BIRTHPLACE (city or town) (State of country)		9400
	Contact	1944
I ATTO DE ALL	Course Marine Course	1150
14. BIRTHPLACE (city or town)	Nama of operation Dete of	
	What test confirmed diagnosis?	
16. MAIDEN NAME (Le Cellus Constitution) 16. BIRTHPLACE (city or town) 16. State or country	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicida? Date of injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND THE REPORT OF THE PARTY OF	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE,
18. BURIAL GREMATION, DR REMDVA	Mannar of Injury	
Place December 1971	Nature of Injury	
19. UNDERTAKER TO SALES TO SAL	24. Was disease or injury in any way related to occupation of deceased?	سيا
(Address) // 3	If so, spacify	
20, FILED TO Registrar.	(Signad) (Address) SVI DD 3 Shirted 4	M. D.
We many hill ple are meded address Class Persons	Acces N. Charles Street Balainess Provides G1 C No.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, in any, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK important. Physicians:

WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B.A)

03682

			44
Reg.	Diat.	No.	T

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
County Beltimore Name 1	State Maryland County Baltimore	***********
City or fown		
How long in above place of death? 1 day	City or town. Baltimore. (If outside city or town limits, write RURAL and give nearest town	n)
Hospital, Institution, or street address where death occurred:	Street No. Broadway & Fleet Sts.	,
Vets. Adm. Fac., Fort Howard, Waryland	(If rural, give LOCATION)	/
How long in hospital or instillution? 1 day	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
FELIX GIER		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE DE DEATH	:30 am
	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from	
6.(b) Name of husband or wife	April 14 19 45 10 April 15	19.45
7. Birth date of 7. Box 2000	and that I last saw h im alive on April 15	19 45
deceased (mo., day, yr.) February 23, 1892		URATION
8. AGE: Years Months Days If less than one day	Myocardiel Degeneration	
53 1 23hrsmin.		***************
9. Birthplace	A.A I amaki a baamb	
(Town, county, and state)	Disease uh	known
1D. Usual occupation	Due to	
11. Industry or business		
12. Name Albert H. Gier 13. Birthplace Baltimore, Maryland	Dither conditions	
13. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)	
E 14. Maiden name Louisa Wilhelm		
E 14. Maigen name	Major findings of operations	
15. Birthplace Baltimore, Maryland	Date of op.	
16. Informant Clinical Records, Vets. Adm. Fac.	Autopsy results	lly.
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Chofith) (das) (seef.)	Accident, suicide, or homicide	
(Durial, Clemanon, V. Cellor, V.		
Cemetery or crematory Baltimore National Cemetery	Where did injury occur?	
Location Baltimore, Maryland	Injured af home, farm, industry, public place (where?)	
18. Funeral director A. Lee Cder	Means of Injury Injured af work?	
Address 4464 York Rd., Balto., Md.	Hyrahands	
1/12 US GALLING STEAL	23. SIGNATURE M. D. or other	800000000000000000000000000000000000000
19. (Date rec'd by registrar)	Address	

PLEASE

19. (Date rec'd by registrar)

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1986

03683

. Date signed.....

			CERTIFICA	TE OF DEATH Reg. Dist. No	4-4
1. PLACE OF DEATH: County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	o nesrest town)
	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Lale	White	Si	ngle	2D. DATE DF DEATH April 5 19.4	5 ,at 11:40 .an
		B.(c	If less than one day	Immediate casse of death. Uremia. chronic	5 19.45 19.45 DURATION
			hrsmin.	Due to Pyone phrosis	
1D. Usual occupation 11. Industry or business 12. Name	Koofing hn Gilett	busine	ra state)		Since
14. Maiden name	Italy ical Reco	ords, V	eterans Adminis-	(Include pregnancy within 8 months of death) Major fisdings of operations. Land nectomy 6/14/ public cystostomy. Date of op. Autopsy results. None PHYSICIAN: Please nuderline the cause to which death should be che	.6/.21/.44
17. (Burial, cremation, o	By removal. Which?	Date ther	etery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

Registrar



VS 3

BALTIMORE C	YTI	HEAL	TH D	EPART	MENT
CEPTIE	CA	TE .	OF	DEAT	TH 940

Registered No....

	USI	184
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	Mil	
(b) Street address 80 Ballo Arr	(a) State (b) County	***************************************
(c) Hospital or institution:	(c) City or town	E. Santi
(c) Hospital of institution:	(If outside city or town limits, write RURAL	and give town)
	(d) Street No. 80 Ballo An	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	(3) 31 S
(e) Length of stay in Baltimore (yrs., mos., or days) 2441	(e) Citizen of foreign country?	
(e) Length of stay in Daitimore (yrs., mos., or days)	If yes, name country	******************
3 (a) FULL NAME	Harker	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	· san
No. 232-10-2417	20. DATE OF DEATH AND 9 14/3	atM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	dethat lattend
male white divorced. Owned	ed deceased from 19 to	
6 (h) N	and that I last saw h alive on 19.	
6 (b) Name of husband or wife		
1	Immediate cause of death Columnia	Duration
7. Birth date of deceased (mo., day, yr.) Jan 28, 1891		2,,,,,
8. AGE: Years Months Days If less than one day		
54 2 // hr. min.	Due to	
Birthplace W. Ww		***************************************
(Town, county, and state)	Due to	
10. Usual Occupation		
11. Industry or business	Other Conditions	
# 12. Name of Spacker	(To all all and an analysis 2 months of doub)	PHYSICIAN
13. Birthplace W. Va	(Include pregnancy within 3 months of death) Date of operation	77- 11t Ab
	Major findings of operation:	Underline the
14. Maiden Name Mary & -		death should be
15. Birthplace Mt Va	of autopsy:	charged statis tically.
16 (a) Informant Harry Thompson In	22. If death was due to external causes, fill in the foll	lowing:
(b) Address P.O. Der 65, Sabraton M. Va	(a) Accident, suicide, or homicide	
17 (a) 11 May al (b) Date thereof April 10 145	(b) Date of occurrenceat.	M
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Count	y) (State)
(c) Cemetery or crematory January of Lessen	(d) Did injury occur about home, on farm, industrial p	
Location Was Ow		
11/4/5 1/10	place? While at work	1
18 (a) Funeral director Musif figure 18	(e) Means of injury	m
(b) Address 2024 Colleges 808	23. Signature	7.1.1.
19 (a) 4/11/45) a. a. deduces	Address Med. Examin - 2000-Co	ad4/11/11
(Date rec' (by registrar)	Address Date sign	Carl-11-12-15.

Perh Byristrar

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

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For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

correct age

	1
	DIEASE WEITE DIAINIV WITH HINEADING IN
J)	WITH
•	PLAINLY
	WRITE
	PLEACE

Evidence for change of year of birth of deceased is shown on FILM No. G 9 4

(If outside eity

5. Color or

Month

1. PLACE OF DEATH:

How long in above place of death?.... Nospital, institution, or street addre 806 FSt.

How long to hospital or institution?. 3. (a) FULL NAME

8.(6) Name of husband or wife ...

51

4. Sex

emale

7. Birth date of deceased (mo., day, yr.) Years

9. Birthpiace...... 10. Usual occupation... 11. Industry or business 12. Name.....

13. Birthplace

(Burial, eremation, or removal

Cemetery or crematory.

18. Funeral director. IT. Have

(Date rec'd by registrar)

14. Malden na 15. Birthpiace 14. Malden name

16. Intermant. Address 80

Address

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

	111	
CEDTIFICATE	OF	TOTAL A TOTAL
CERTIFICATE	OF	DEATH

11 10 10 10	Reg. Dist. No.
or town limite, write KURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town for town limits, write RURAL and give nearest town) Street No. County (If rural, give LOCATION)
	2.(a) If veteran, came war
Elizabeth J. A	Sasses 3. (b) Social Security Number
race (a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ite married	20. DATE DE DEATH PARIL 39 th 19 45 21 7 P.
hn B. Harris	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	19.77 10 10 7 19.77
1 1003	and that I last saw here alive oe after 18
Days It less than one day	Immediate canno of death al finouskage 2 days
hrs. min,	
(Town, county, and state)	Due to las des Vacantas megalinais 3 years
(Town, county, and state)	disease
mse work	Due to
2	The libra Control on 3 was
nas Olmus	Dither conditions Communication States
mmark	(Include pregnancy within 3 months of death)
asheth Winker	(Include pregnancy within 3 months of death)
The training the state of the s	Major findings of operations.
gland	Date of op.
m B. Harris H.	Autopsy results
O A	PHYStCIAN: Please underline the cause to which death should be charged statistically.
1. sporsoustones	
note therest 51/2/4.(-	22. VIOLENCE: it death was due to exteroal causes, fill in the tollowing:
Which?) (month) (day) (year)	Accident, suicide, or homicide
blaum.	Where did injury occur?
McCaretta Comment	
2st And	Injured at home, farm, Industry, public place (where?)
I Denny Inc	Means of Injury Injured at work?
T. 1 L 6 F	A 1 / 1 / 1 / 1 / 1 / 1
regular.	X avon L. Harres Ma
Us - Dans Y Hanks	23. SIGNATURE M. D. or other
Registrar	Address / Jarrowe Conf. M. Date signed /2/45
and Bross of	

REORIT DD MAY 8 1945 BURFAU V.S.

MARGIN RESERVED FOR BINDING

supply every item of information carefully. The correct age ase write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-

CERTIFICATE OF DEATH

113686

Reg. Dist. No.

I. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Beltimore				State Maryland Coun		re
City or town						
How long in above place	e of death? 10	Hrs.		City or town	write RURAL and give ne	arest town)
Hospital, institution, o	r street address where	death occurre	d:	Street No. 1218 Wilcox St.,		
Vets. Adn	. Fac. For	tHowe	rd, Maryland	(If rural, give l	LOCATION)	/
How long in hospital o	or institution?10.	Hrs		2.(a) If veteran, name war WW-2		······································
3. (a) FULL NAM	E				3. (b) Social Security	Number
	OWD T OM	CANC TO	******			
4. Sex	CHRIST:	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Single	20. DATE OF DEATH APPIL 10,	1945	at .1. 20 A.
e (b) Name of hunband	Sin	rle		21. I CERTIFY that death occurred on the date above	e stated; that I ettended dec	eased from
				April 9, 19.4	5 April]	0,19.45
7. Birth date of	100-1	6.0	(c) If alive, give ageyears	and that I last saw h 1m alive on Apr	11 10	1945
deceased (mo., day,	yr.)-	roer	28,1900	Immediate cause of death Moderate		
8. AGE: Year		Days	If less than one day	Cardiac hypertrophy an		
41	5	13	hrsmin.	cardiac dilatation; co		
a Bluthainna G	ermany			Exx liver, spleen, kid		1
9. Birthplace			state)	lungs	The state of the s	
10. Usual occupation.	Shoemake	r	***************************************	Que to		***************************************
11. Industry or busine	22			Due to		
				Other conditions Obesity		
	7		***************************************			
	Unknown			(Include pregnancy within 3 m	onths of death)	
14. Maiden name	OHEHOWI			Autopsy results	above	
14. Maiden name					Date of op	
	nical Reco	ords. V	ets. Adm. Fac.	30000		
Address	Fort Hor			PHYSICIAN: Please usderline the cause to wh	ich death should be charged	statistically.
				22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
17. Buris	n, or removal. Which	Date the	reof. (month) (day) (year)	Accident, sulcide, or homicide	Date of	
			ional Cemetery	Where did injury occur?(City or town)		
Cemetery or cremat	Rel+4	nore l	lowel and			
Location	Det of	HOT O'S H	aryland	injured at home, farm, industry, public place (wh		
18. Funeral director	A. Lee	Oder		Means of Injury M	Injured at work?	
			d., Balto., Md.	ayus miles a light	6-1	
Address				23. SIGNATURE	MA TOD 34 P.D.	or other
19. 41	2 19 K.	5 4	w Hedril	E. H. I. KICHARDS	Ta CLINICAL T	IRECTOR
(Date rec'd hy r	egistrar)		Registrar	Address Ft. Howard, Md. AU	Date Signed	220347.44

WITH UNFADING INF

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

03687

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Additional State of the County of the	State MANULANA Count Alturn		
City or town. (If outside city or town limits, writa RURAL and give nearest town)	City or town Landsdowne		
How long in above place of death?	(If outside city of town limits, write RURAL and giva nearest town)		
nuspiial, institutiun, ur siteet auutess miete ueati uccurreu.	Street No. 26 CASSASSASSASSASSASSASSASSASSASSASSASSASS		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
(Muaust H	seine edina		
4. Sex 5. Color of race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION		
Mele Mute Magical	20. DATE OF DEATH. Mull 24 19/1 21 121		
8.(b) Name of husband or wife Anna nu Helsmalis	M. I CERTIFY that don't occurred on the date above stated; that I attempted deceased from		
6.(c) If allive, give age 6 year	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19		
7. Birth date of deceased (mo., day, yr.) AND 1146 1878	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
660 8 /3hrsmin	tente Cardian Value 100		
8. Birthplace Willtimene Mich	Oue to.		
Down, county and state)	Condrol Genela Clark Dreve 312		
10. Usual occupation.	Oue to		
11. Industry or business - Gessell.			
12. Name	Dther conditions		
13. Birthplace / Symustry	(Include pregnancy within 3 months of death)		
14. Maiden name Muguy Symmetry 15. Birthplace Glumante	Major findings of operations.		
15. Birthplace Summerly	- Date of op		
16. Informant Munice Mul Melgangerland			
Address 7 26 Eligheble ty Lundsday	PHYSICIAN: Pfease underline the cause to which death should he charged statistically.		
17. Busiel Date thereof 4/27/40	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, of removal Whoth) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematery	Where did injury occur?		
Location Children State of Market State of the Location Children State of the Location Childr	Injured at home, fam, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address / 850 DV. Baltimpe St	(sent & haul cartis MD		
Ob: 122 45 2 Kill	23. SIGNATURE. M. D. or other		
19. (Date sec'd by registrar) Registra	Address 4 4 Washington Sky Date signed 4/27/4)		

REGIONAL STREET

Dr. Laukitis 679 Wash. Blude 1010 Leeds Que.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

County			URAL and give nearest town) months, 11 days	City or town. Havra da Grace. City or town. Havra da Grace. City or town block of the county of th		
How long in hospital or institution?.6y.ears6months,11days				2.(a) If veteran, name war.		
3. (a) FULL NAM	E		enrother		3. (b) Social Security	Number
4. Sex	5. Color or race	1000000	, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH		., at 8 ; 50 P. M
8, (b) Name of husband 7. Birth date of deceased (mo., day,		us A. I	Hergenrother) II alive, give ageyears	21. I CERTIFY that death occurred on the date ab	April 10,	1945
8. AGE: Years	Months	Days 1	if less than one dayhrsmin.	Acute exacerbation of	••••••	2 wks
9. Birthplace				Oue to Chronic myocardial insufficiency Indef. Due to Genralized arteriosclerosis Indef.		
12. Name John Ward				Other conditions Collulitis of foot, bilateral l.wk. (Include pregnancy within 8 months of death) Major findings of operations. Date of op.		
Address Catonsville, Baltimore - 28, Md, 17 Surial (Burial, cremation, or moval, Which?) Cemetery or crematory. Date thereof paid (4-1944) (month) (day) (year)			re - 28, Md. april /4-/945 (month) (day) (year)	Antopsy results		
18. Funeral director.(Address 4 19. (Date ec'd by re	Penn ve de	- Ku	Les July	Means of Injury 28 SHENNTUR LOSS E. Gar Robert E. Gar Rumes Baltimore — 28,	rdner. M.D. M.D.	7.24.20 or other 4/11/45



V. S. No. 1

M

WRITE PLACEY, WITH UNFADING FOR THIS IS A PERMANENT RECOME EAST item of information should be carefully supplied. AGE STANDING be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-Every item of infor-TION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03689
1. PLACE OF DEATH	
County /Ball.	Registration Dist. No. 38
Village or City annualle	No. 724 annestie Rd.st. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foralgn birth?yrsmosds.
1/20 ab 1/ - 7/	- 0 0
2. FULL NAME Why fane H	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30- 198
5a. If married, widowed, or disporced	(Month) (Day) (Year)
HUSBANO OF Jafayette Hogg	22. HEREBY CERTIFY, Thet i ettended decessed from 1945, to afr 30 1945
6. DATE OF BIRTH (month, by, and year) NW. 319 86 8	I last saw her alive on afr. 28/4 ,19.45; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
16 5 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence ware sollows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	telall states
NOOL State Profession, or particular to the first profession to	Remupelyis.
work was done, as SILK MILL, SAW MILL, BANK, atc	Cerebras The emontres e
	000000000000000000000000000000000000000
year) occupation	Other Contributory Causes of Importence:
12, BIRTHPLACE (city or town)	1
(State or country)	Quest allero de Cleron
13. NAME 114. BIRTHPLACE (city or town)	Hipperleusion
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME (City or town)	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT THE M. THE MAN (Address)	Where did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of Injury
Place 2 Mg Con Conste Mg 4 , 19 9	Nature of injury
19. UNDERTAKER Min a- moran	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED JK 30, 1515, 1 1 WILLEN MILLEN	(Signad) Vaccel Tel. Tho Jacobe M. D.
If more blashes are needed, address State Registrar.	(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Supply every item of information carefully. The correct agreese write the causes of death clearly and tegibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING is especially important. Physic

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore | Store

CERTIFICATE OF DEATH

03690 Reg. Dist. No. 30

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:	
				State Maryland County		***************************************
City or town		Clly or town. Baltimore (If outside city or town limits, write I	RURAL and give near	est town)		
		Street No 8 South Catherina (11 rural, give LOCATI				
		25 days	2.(a) if veteran, name war			
3. (a) FULL NAME	Chia	Honick		3. (b) Social Security N	lumber
4. Sex 5	. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIF	FICATION	
f	w	W	idowed	20. DATE OF DEATHApril 23.	4.5	at .8.: 30P.1
			Honick	21. I CERTIFY that death occurred on the date above statedJune29		
7. Birth date of			If alive, give ageyears	and that I last saw h Or alive on April		
deceased (mo., day, yr.)				Immediate cause of death	2	
8. AGE: Years	Months 4	Days 23	It less than one dayhrs min.	Primary atypical pneumon		40
9. Birthplace		Due to Hypertensive cardiova renal disease	scular-	Indef		
# 12. Name	Mordkai	- Fedde	r	Other conditions		270000000000000000000000000000000000000
13. 8irthplace	Russia Esther ? Russ			(Include pregnancy within 3 months o		
≥1 15. Birthplace	nuss					
18. InformantHos	pital re	cords	***************************************	Autopsy results	h should be charged a	tatistically.
17. Gunia. (Burial, cremation, o	removal. Which?	Date thereo	re - 28. Md. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill I Accident, suicide, or homicide	n the following;	
	_		Rol	Injured at home, farm, Industry, public place (where?)	200000000000000000000000000000000000000	***********************
18. Funeral director	Jack V	Pewis	Inc	Means of Injury	Injered at work?	
4/2		daw	Toleralin	23. SIDNATURE Cobert E. Gardner,	M.D. M.D.	rother
19. (Daye rec'd by regis	trar)	1061	Registrar	O Address Baltimore -28, Md.	Date signed	4/24/45

RECEIVED
MAY 1 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03691

			el	3	_	
	Diat.	No.				000
=						-

CERTIFICA	TE OF DEATH Reg. Diat. No.		
County	City or lown (1f outside city or town limits, write RUBAL and give nearest town) Sireel No. 2. 800 UMMONT (1f rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Mary F. Hopk	3. (b) Social Security Number		
Limale white dwords	MEDICAL CERTIFICATION 20. DATE OF DEATH A DIE 9 1845 al M		
8.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date abeve etated; that I attended deceased from 19. 45		
8. AGE: Years Months Daye If less than one day 3 16 hre. min. 9. Birthplace	Immediato cause af death DURATION		
10. Usual occupation	Buo to		
13. Birthplace 14. Malden name	(Include pregnancy within 8 months of death) Major fiedings of aperations.		
16. Informant Mrs. Mildred D. Hopkins. Address 2 800 Vermont ave.	Autopay results		
17	Accident, eulcide, or hemicide		
18. Funeral directer Johns Figure Street	Injured at home, farm, Industry, public place (where?) Means of Injury Tojured at work?		
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Do Date signed 10		

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

important.

PLAINLY, V is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55.2)

03692 P

CERTIFICATE OF DEATH

1. PLOKE OF DI	EATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
			state Maryland Cour		
City or fewn					
		ys	City or town Baltimore (If outside city or town limits,	write RURAL and give near	rest town)
Hospital, Institution, o	r street address where	death occurred:	Street No. 6043 Yorkshire D	rive	
		Howard, Maryland	(if rural, give)	LOCATION)	/
How long in hospital	or institution?2	lays	2.(a) If veteran, name war	WWI	······································
3. (a) FULL NAM	1E			3. (b) Social Security 1	Number
Albert	Houston				
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married	20, DATE OF DEATH April 15	10 45	. 7:15 8 4
	-		21. I CERTIFY that death occurred on the dale about		
		ence Houston	April 13	45 h Anril	15 10 45
***************************************		8.(c) If alive, give age	and that I last saw h. im. alive onAp:		
7. Dirth dale of deceased (mo., day	v.) Decembe	er 5, 1876	Immediate cause of death		DURATION
8. AGE: Yea		Days If less than one day	Generalized peritoni		
6	8 4	9min.	V.G.II.GA.G.A.A.G.W	.W. ab. 92	
R	eltimore l	Maryland	Due to Generalized Carci	nometosis	Unknown
9. Birthplace	altimore, l	county, and state)	Due to		
10. Usual occupation	Sales I	Ingineer	Due 10. autopay Lindings tu	ne such that it	
11. Industry or busine	ess		was impossible to determin	e the site of the	
		r Heusten	Other conditions	carrinomal	
		o., Pennsylvania			
	Manu Fills	- Unitary	(Include pregnancy within 3 n	nonths of death)	
王 14. Malden nam	BRITY BILL	n Hutten	Major findings of operations		
2 15. Birthplace	Philadely	hia, Pennsylvania			
16. Informant Cl	inical Reco	rds, Vets. Adm. Fac.	Autopsy results Same as abov	8.4	
Address Fo	rt Howard,	Maryland	PHYSICIAN: Please underline the cause to wh		statistically.
		ahril 18-1945	22. VIOLENCE: If death was due to external cau		
(Burial, crematic	on, or removal. Which?	Oate thereof (month) (day) (year)	Accident, suicide, or homicide	Oate of	00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Cemetery or crema	tory Arlingto	n National Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Washingt	on, D. C.	Injured af home, farm, Industry, public place (wh	ere?)	*********************
		m Cook Jue	Meens of injury	Injured of work?	
	1217 S		J.T. Fish shirt	2 family	
Address	12/0	T. Paul ST.	23. SIGNATURE	W D	or other
19. 4/	16 1945	a. W. Kedner			
(Date redd by	registrar)	Registrar	Address	Dafe signed	

2411 N. Charles St., Baltimore

03693

CERTIFICATE OF DEATH

Date signed 4/23

CERTITION	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May Lease
	(If rural, give LOCATION)
How long to hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Queauda E, Juo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Suigle	MEDICAL CERTIFICATION 20. DATE OF OBATH Of Silver 21 1945 at 3 P
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Office 20 1945 and that I last saw here alive on Office 21 1945
7. Birth date of deceased (mo., day, yr.) del 1857 8. AGE: Years Months Days It less than one day min.	Immediate cause of death Ocrebral Hamorrhage Ouration
9. Birlhptace (Town, county, and state) 10. Usual occupation	Due to. (Interno Salarosis) Due to.
11. Industry or business 12. Name Slight a carlson Y 13. Birthplace Web	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Carrie Heorefron 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment Ruel Buellon Harris	Autopsy results
17. (Burial, cremation, or removal, Which?) Oate thereof	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location July 1	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Table Company	0 1 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
address Hampsted Med	23. SIGNATURE Ogicl 6. Proble 900
(Late rec'd by registrar) Registrar	Address Upperco na . Date stgned 4/23/40

Supply every item of information carefully the ease write the causes of death clearly and legibly

WRITE PLAINLY, WITH UNFADING MK. is especially important. Physicians.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



correct

carefully. The

information

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1/72

CERTIFICATE OF DEATH Rog. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Baltimore State Maryland County Baltimore City or town [If outside city or town limits, write RURAL and give nearest town] (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 136 Days Hospifal, Institution, or street address where death occurred: Street No. 555 Presstmen St. Vets. Adm. Fac. Fort Howard, Maryland (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 218-22-9731 RICHARD N. JACKSON 6.(a) Singla, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 4. Sex Male Colored Single 20. DATE DF DEATH April 9, 19.45 21200 A. M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 24, 145 fo April 9, 1945 7. Birth date of 9-22-1896 deceased (mo., day, yr.) Immediate cause of death..... DURATION If less than one day 8. AGE: Acute empyema 2 days 48 Due to Lung abscess 9. Birthplace.....Virginia (Town, county, and state) Unemployed 10. Usual occupation...... 11. Industry or business Other conditions Duodenal ulcer (Include pregnancy within 3 months of death) 14. Maiden nat Major fisdings of operations. Perforated duodenal ulcer 14. Maiden name. Acute empyema; lung abscess l'dubdenal ulcer: Autopsy results.....gastr.oenterostony.
PHYSICIAN: Please underline the cause to which death should be charged statistically. 16. Informant Clinical Records Vets Adm. Fac. Fort Howard, Maryland 22. VIOLENCE: If death was due to exfernal causes, fill in the following: Date thereof 4-12-41 17. Burial (Burial, cremation, or proved. Which Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury

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2411 N. Charles St., Baltimore Blan

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CERTIFICATE OF DEATH

			Reg. Di	st. No
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		•••••••••••••••••••••••		
City or town	Fort Ho	limits, write RURAL and give nearest town)	State Maryland County Ba	
			City or town Baltimore (tf outside city or town limits, write RURAL)	***************************************
How long in above pla	or street address where	19 Days		
		t Howard, Maryland	Street No. 429 Mansa Court	***************************************
			(If rural, give LOCATION)	7
How tong in hospital	or Institution?	19 Days	2.(a) If veteran, name war	
3. (a) FULL NAI	ME		3. (b) Socia	1 Security Number
		JOSEPH EDWARD JOHNSON		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	. 215-01	
The second			MEDICAL CERTIFICAT	ION
Male	Negro	Married	20. DATE OF DEATH April 14.	1045 at 6115 A
111	/// 177 .		21. I CERTIFY that death occurred on the date above stated: that I a	
	* *	abeth Johnson	Manah 20 AC 4-	
		6.(c) If alive, give age 37 years	March 26, 19.45 to Ap	
7. Birth date of deceased (mo., day			and that I tast saw h	
	ars Months	Days I If less than one day	Immediate cause of death	
O. AGE.			Uremia, acute	8 Days
	48	30hrsmln.		
9. Birthplace	Baltimore	Maryland county, and state)	Due to Nephrosclerosis	Unknown
		red		***************************************
10. Usual occupation		••ו••••••••••••••••••••••••••••••••••	Due to	***************************************
11. Industry or busin	ess		,	***************************************
12. Name	Joseph John	ison	Diher conditions Heart. Disease, hyperte	nsion unknown
13. Birthplace	Maryland		and coronary arteriosclerosis,	myocardial
		eks	Insufficient graney within 3 months of death)	
14. Maiden nam			Major findings of operations	***************************************
15. Birthplace	Maryland		Date	
	Clinical Re	cords. Vets. Adm. Fac.	Autopsy Tesults.	
	Fort Howard		PHYSICIAN: Please underline the cause to which death should	he charged statistically.
Address	OI U HOWAL C	, mai yraim	22. VIOLENCE: If death was due to external causes, fill in the folio	
17 Buri	.al on, or removal. Which	Date thereot April 17, 1945	22. VIOLENCE: It death was due to external causes, till in the folic	
(Burial, cremstic	on, or removal. Which?	(month) (day) (year)		
Cemetery or crema	atory Arbutus	Memodal Cemetery	Where did injury occur?	(Stota)
		ore, Maryland	Injured a home, farm, industry, public place (where?)	
			Masns of Injury Injured a	t work?
18. Funeral director.	1631 Des	Funeral Director id Hill Ave., Balto., Md	Dulo:	
Address	1001 Dru	Id will was, parcos, Mo	William William	
	. 1	- 11001	23. SIGNATURE H.Y. RICHARDS, MAJOR,	M. D. protesto
19	registrar) 19 4	5 Millandsla	Ft. Howard Md CI.IN	ICAL DIRECTOR
(Date rec'd My	registrar)	Leavy (17 Care)	Gidess Ft. Howard, Md. CLIN	TE THE THE THE THE THE THE THE THE THE T

MARGIN RESERVED FOR BINDING

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upply every item of information carefully. The case write the causes of death clearly and legibiy-

A15 VS PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physician

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To the state , which the

1. PLACE OF DEATH Court
(a) Baltimore Gir, Maryland

2. USUAL RESIDENCE OF DECEASED:

2	(b) Street address 12 0	aklee VIIIage
1	(c) Hospital or institution:	
ibly		
leg	(d) Length of stay in hospital or i	nst. (yrs., mos., or days)
and	(e) Length of stay in Baltimore (3	rs., mos., or days)
riou riy	3 (a) FULL NAME	10 7- V 3:2-2
on she	Ko8a	
	3 (b) If veteran, name war	3 (c) Social Security Account
death	4. Sex 5. Color or race 6	(a) Single, married, widowed, or
infe		livorced. widawed
of	6 (b) Name of husband or wife.	villian E. Kaiser
cal		(c) If alive, give age — years
y i	7. Birth date of deceased (mo., da	
Ever	10	ys If less than one day
	68 10 2	/ hr. min
ink.	9. Birthplace Hear of aurel	own, county, and state)
D Td	10. Usual Occupation ho	
ans:	11. Industry or business	
UNFADIN Physicians	12. Name John	randall
hy	13. Birthplace Mu	uland.
Injed	14. Maiden Name Eliza	short Hester
WITI tant.	5	ensland.
Z, V	7/ 5/	ahull. Boud
Z'ë		well Hid
ally	17 (a) John Burial (b) Date thereof 4/12/45
PL/ pecial	(Burial cremation, or removal)	(month) (day) (year)
CEB	(c) Cemetery or crematory.	109 1000
WR.	Location	are ,
E W	18 (a) Funeral director	11 61 20 131
AS	Che enter	when I paurel the
PLE	(Daye rec'd by registrar)	Registrar
_ 0		

	State Md (b) County Baltina	
	City or town Battimore County (If outside city or town limits, write RURAL and give tow	vn)
	Street No. — 127 Oaklee Village (If rural give location)	
(Citizen of foreign country? NO (Yes or N) If yes, name country	(ol

MEDICAL CERTIFICATION	med to see
20. DATE OF DEATH A Pril 9 1945	at 800 A M
21. I certify that death occurred on the date above states ed deceased from July 1944, to Amand that I last saw her alive on April 6 19	1 19 45
Immediate cause of death. Itypertensive and arterios cherotic Heart disease	
Due to	
Due to	
Other Conditions.	894-2001-0020200000000
(Include pregnancy within 3 months of death) Date of operation	PHYSICIAN
Major findings of operation:	Underline the cause to which death should be charged statis- tically.
22. If death was due to external causes, fill in the following	
(a) Accident, suicide, or homicide	
(b) Date of occurrence at (c) Where did injury occur? (City or town) (Count	
(d) Did injury occur about home, on farm, industrial pplace?	lace, in public

(e) Means of injury A Harrie Pierce

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 994 CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and givu nuarest town) Hospital, Institution, or street address, where death occurred (If rurai, giva LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION FOR BINDING 20. DATE OF DEATH 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: RESERVED 10. Usual occupation. MARGIN 11. Industry or bustness important. (Include pregnancy within wonths of death) 14. Malden na 15. Birthplace Major findings of operations. PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur? WRITE (City or town) Injured at home, tarm, Industry, public place (where?) Meens of injury

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(Date rec'd by registrar)

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of cath clearly and

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03700

CERTIFICATE OF DEATH

Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore			
Owings Mills City or fown. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Prince George		
How long in above place of death? 5yrs amo 4da	Clinton P.O. (If outside city or town limits, write RURAL end give nearest to		
Hospital, Institution, or street address where death occurred:		wn)	
Rosewood State Training School	Street No(If rural, give LOCATION)		
How long in hospital or institution? 5yrs 2mo /da	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Numb	er	
Lillian Theresa King			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	W. F. L.	
Female White Single	20. DATE DF DEATH. April 2 19.45 , at 9	9:50P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro	m , c	
	Jan. 29 40 April 2	19. 4.2	
7. Birth date of	and that I last saw her alive on April 2	194.2	
deceased (mo., day, yr.) MACCH 13, 1921 8. AGE: Years Months Days If less than one day		DURATION	
18 0 20hrs.		wks.	
9. Birthplace Charles City, Md. (Town, county, end state)	Due to.	•••••••••	
(Town, county, end state)	7 7 1 7 7 1 1	mo	
1D. Usual occupation	Due to.		
11. Industry or business None	Due 10		
		vrs	
Joseph Sanders King 12. Name Joseph Sanders King Charles County, Md.		······································	
	(since 12 mo. of age) (Include pregnancy within 8 months of death)		
Edna Gray 14. Malden name Edna Gray 15. Birthplace St. Mary's County, Md.	Major findings of operations		
	Date of op.		
16 Informant Rosewood State Training School	Antopsy results.	*************	
Owings Wills Wd	PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.	
naures	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Barial, cremation, or remoyal, Which?) Bate thereof. Line 5 - 1/9 (month) (day) (year)	Accident, suicide, or homicide	**************	
Cemetery or crematory A. Jahans Camer			
120 /4- 20-110			
Location Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director Frentt X Wayn	Means of injury injured at work?		
Address Maland, Md	9	1, 0	
Audiess // axama, // ax	23. SIGNATURE Jackel TI. Us. Clinton	U.D.	
" 14 . 3 - " 141 - 142 > nich	M. D. or othe	+ 19	
19	trar Address Mace and School Bate signed ap		

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. Supply every item of information carefully. The please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 67

03701

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: CountyBaltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County City or lown Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 227 South Clinton Street (If rural, give LOCATION) 2.(a) It veteran, name war.
Martha Koshella	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH APRIL 26 th 19.45 .at 6:40 P
6.(b) Name of husband or wife Leo Koshella 6.(c) It alive, give age 60 years 7. Birth date of deceased (mo., day, yr.) August 18 1889	
8. AGE: Years Months Days If less than one day 55 8 8hrsmin.	Pneumonia, bronchial, terminal 12 h
9. Birthplace	Due to Diebetes mellitus Indef
11. Industry or business Office Work	Oue to
12. Name Stephen Wahlak	Other conditions
13. Birthplace Genrmany 14. Maiden name Frances ? 15. Birthplace Genrmany	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Hospital Records, Spring Grove State Address Hospital, Catonsville, 28, Ma.	Antopsy results. None held PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 (Burial, cremation, or removal, Whicht) Cemetery or crematory Cemetery or crematory Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Address Address	Henry C. A. Medd, M. D. M. D. or other

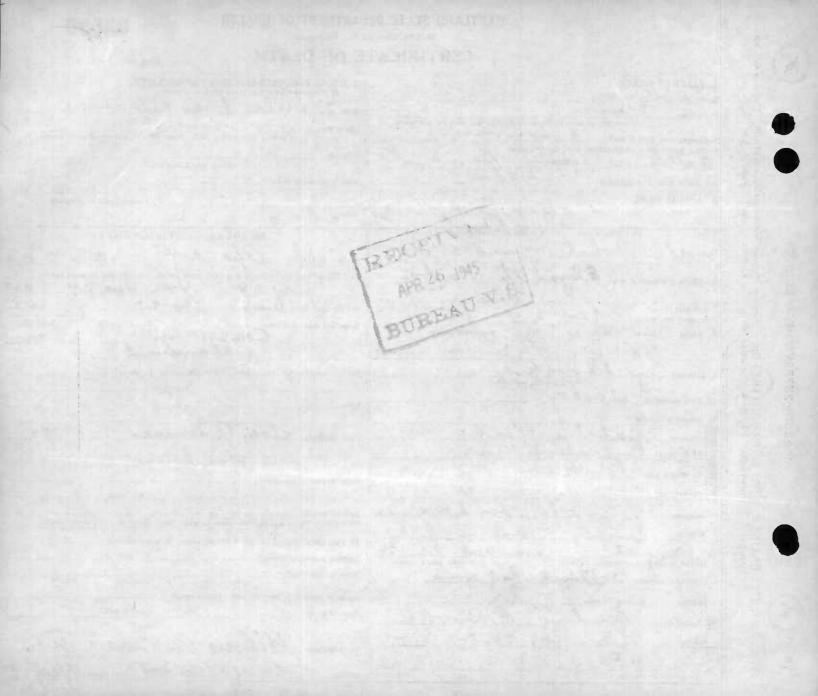
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03696

CERTIFICAT	E OF DEATH Reg. Dist. No	3 /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother)	
Tacked	State Maryland County Baltimor	2
City or town	12nt showed	***************************************
How long in above place of death? 2 months	City or town	st town)
Hospital, Institution, or street address where death occurred:	Street No	
Baltimore wanty Home	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. (a) FULL NAME Frank Joseph of	Touba 3. (b) Social Security N	umber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white inidowed	Al. 24 W-	115
00: 44 2	20. DATE DF DEATH	1
6.(b) Hame of husband or wite. Elizabeth out	21. I CERTIFY that death occurred on the date above stated; that I atlended deceas	
	14 2 4 19 44, to alea, 2	19.4.5
7. Birth date of	and that Cast saw halive on	19445
deceased (mo., day, yr.) May 25 [856	Immediate cause of death	DURATION
8. AGE: Years Months J Days If less than one day	Carunma	2 yra_
88 10 29nrsmin.	(abdoninal)	
Ca echlovakia	Due t Primary in gall-cladden and lines.	
(Town, county, and state)	- Cuso	*************************
10. Usual occupation. Jailor		***************************************
11. Industry or business	Due to	
	Rea Beerge	196-
12. Name Matchis House	Diher conditions	
E Deskaren	(Include pregnancy within 3 months of death)	
14. Malden name	Major fiedings of operations	***************************************
15. Birthplace	Date of op	
18. Informant Baltimore Co., Home Register	Antopsy results	
Address Jetas, md.	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
17 Quise Date thereof apr. 25 1945	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, eremation, or removal. Which?) Date thereol	Accident, suicide, or homicide	***************************************
Cemetery or crematory Baltiman Co. Dome	Where did injury occur?	(State)
Location Legas, mil.	injured at home, farm, industry, public place (where?)	
18. Funeral director Landon M. Brooks	Means of Injury Injured at work?	
dh h. m.l	111 85	2
Address Parker, Fra 10.1	23. SIGNATURE STUDIES O. OWNER	W. 5
19. (Date ree'd by registrar) 19. 45 W. J. lohn cto and Registrar	Address Cockey Sinlle Md Date signed	1/25/45
		/ /



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /8-

CERTIFICATE OF DEATH

(13702 Reg. Dist. No. 40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Ballewore	manufacture of the
(If outside elty or town limits, write RURAL and give nearest town)	State Mary County 13066
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where deeth occurred:	Street No. M. H. Of So Wall then Un-
	(If rural, give LOC TION)
How long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
Sister Mary Edna Law 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Per
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DE DEATH A pul 12 19.45 at 11,30 A M
A the News of trackers on with	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from
6.(b) Name of husband or wite	Jan 13 19.41, 10 April 12 1945
7. Birth date ot Y 0	and that I lest saw h. A. alive on M. A. 14 /42 19
deceesed (mo., day, yr.) +eb. 1, 1919	Immediate cause of death Pullstananay DURATION
8. AGE: Years Months Days It less than one day	
26 2 11hrsmin.	tys t
B 11 11	
9. Birthpiace Bestlys (Town, county, and state)	Due to
10. Usual occupation. Teacher	***************************************
11. Industry or business	Due to
12. Name Timothy Lawler	//
	Other conditions Hamber Lage
13. Birthplace Sreland	(Include pregnancy within 8 months of death)
14. Maiden name Mary We Wakon 15. Birthplace Iseland	Major findings of operations
15. Birthplace Ireland	
	Date of op.
18. Interment St. May y Clara	Autopsy results
Address Notel Eliff Md	
17 June Bate thereo U.D. 14/40	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or respoyal. Whileby) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Shew and	Injured at home, farm, industry, public piece (where?)
6 m 1 11/h	Means of Injury Injured of weak?
18. Funeral director	Olin Die o
Address	23. SIGNATURE
19 4/13/ 430 / Ol Jummy	M. D. or other
(Wate rec'd by/registrar) Registrar	Address

MAY 5 124 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 93-0

03697

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: County. Baltimore				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Catons ville (If outside city or town limits, write RURAL and give nearest town)			***************************************		ty	**************************************
(If outside city or town limits, write RURAL and give nearest town)			A mos A dare	City or town	e	***************************************
How long in above place of death? 13 years, 4 mos., 4 days Hospital, institution, or street address where death occurred:		(If outside city or town limits,	write RURAL and give oea:	rest town) .		
			spital	Street No. 2232 Bar	CLAY Street	••••••
	13 v	ears.	4 mos., 4 days	(If rural, give I		√
				2.(a) tf veteran, name war		
3. (a) FULL NAM		yn S.	Leatherwood		3. (b) Social Security 1	Number
4. Set	5. Color or raco	6.(a)Sing	te, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Single	20. DATE OF DEATH April 3		at 6:20 pm
6.(b) Namo of husband or wife			(A) Mattura aire ann	21. I CERTIFY that death occurred on the date above November 30 19.	31 to April 3	19. 45
7. Sirth date of	3.050		(c) is auto, gire age	and that f last saw h	April 3	1945
decoased (mo., day,)	1./	Days	tt less than one day	Immediate cause of death		DURATION
8. AGE: Years		?	hrsmin.	Cerebral accid	ent	24 hours
9. Sirthplace		Due to. Chronic myocar	dial disease	Indefinit		
11. Industry or business Sewing		Due to	***************************************	*************************		
John Leatherwood I 13. 8irthplace Maryland			herwood	Other conditions		
13. Birthplace Maryland						
			lis	(Include pregnancy within 3 m	ontha of desth)	
F 14. Maiden name Peggy Gillis 15. Sirthplace Maryland				Major fiedings of operations		
To. sattipeace			nacanda	Actopsy results. As abov		
18. Informant Hospital records			***************************************	PHYSICIAN: Piease underline the cause to whi		
Address Catonsville, Balto28, Md.						tationer,
1 30 45			4-19-45	22. VfOLENCE: If death was due to external caus Accident, suicide, or homicide		
Buried (Burial, cremation, or removal, Which?) Bate thereot. 4-19-45 (mooth) (day) (year) (mooth) (day) (year)			(mooth) (day) (year)			
Cemetery or crematory. Spring Grove State Hospital				Where did injury occur?(City or town)	(County)	(State)
Location Catonsville 28, Maryland			aryland	Injured at home, farm, Industry, public place (who	ere?)	
	Spring Gr	ove St	tate Hospital	Means of Injury	Mijured at work?	
Co				(No The	77	
Address Catonsville 28, Maryland 19. (Dato ree'd by registrar)			.C. andle	23. SIDNATURE ROBERT E. GATCH Address Catonsville, Balto	er. M.D. M.D.o	r other 4/3/45

MAY 1 1945
BUREAU V.S.

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WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 815 West Barre Street
Spring Grove State Hospital How tong in hospital or institution? 2 months 22 days	(If rural, give LOCATION) 2.(a) If veteran, name war

Hospital, institution, or street address where death occurred: Spring Grove State Hospital How tong in hospital or institution? 2 months 22 days 3.(a) FULL NAME Laura V. Leibold			Street No. 815 West Barre Street (If rural, give LOCATION) 2.(a) If veteran, name war.	V
			3. (b) Social Se	curity Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	N
Female	White	Widowed	2D. DATE DF DEATH April 1st 19	45 at 7 AM M
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that latter January 10, 1945 19 10 April and that last saw her alive on April 1st 1945 Immediate cause of death CCute myocardial in	l lst 1945
8. AGE: Years	Months 1	Days If less than one day 20min.	ficiency	3 days
9. Birthplace Baltimore (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business None			Due to Chronic hypertensive arter sclerotic cardiovascular disea	
# 12. Name Sam	uel N. Mas	on	Other conditionsGlaucoma	
H 14. Maiden name.	Alphonsa altimore,	Anderson	(Include pregnancy within 8 months of death) Major findings of operations.	•••••••••••••••••••••••••••••••••••••••

16 Informant Hospital Records, Spring Grove Hospital Autopsy results... Address Catonsville, 28, Maryland

(month) (day) (year) (Burial, ove

Cemetery or eremater

Address (Date rec'd by registrar)

Meens of Injury

Accident, suicide, or homicide.

Where did injury occur?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work?

Maryland Date signed 4/1/45

None

22. VIOLENCE: If death was due to external causes, fill in the following:

tnjured at home, farm, Industry, public place (where?) ...

(City or town)

Masil	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	(19 t) t
	county Baltimore Go. ma	Registration Dist. No. 3/
item of should of OCC	Village or City Hebbelle	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
i w	Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS of statement.	2. FULL NAME Lena. august	a Loutner
te ICI	7901 Oll . A ().	Al Rapod
RD YS	(a) Residence: No. 1020 (Usual place of abode)	If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
b. 1 T	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 1945
NENT CTLY iffed.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
A Sis	HUSBAND OF William Fr. Loutner	22. I HEREBY CERTIFY, That I attended deceased from
	S DATE OF RIPTH (month day and year) \$ 1440-18 - 1860	Hest sew belt alive on alice of 194/5 death is sain
BI PE	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the dete steted above, at D
FOR BIS A PE stated E properly certificate.	84 9 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 70	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	hefuritio
HIS he pe pe of	SAWYER, BDDKKEEPER, etc.	1 / Af
RESERVED G INK—THIR GG should be that it may be one on back of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month end 11. Total time (yeers) spent in this	ordio-Vascular pissasi
INK-INK-INK-I sho	1D. Dato deceased last worked et 11. Total time (yeers)	
RES VG IN AGE that	this occupation (month end spent in this occupation	
2 4	12. BIRTHPLACE (city or town) Cambridge and	Other Contributory Canses of importance:
GIN ADI ed. 18, 80 truct	(State or country)	
ARGI KNIA Ipphed terms, instru	13. NAME Thomas, a. Hohkins	
17 医型中心	13. NAME Homas C. Hapkins 14. BIRTHPLACE (city or town) Combudge	Name of operation
Sais	(State or country) maryland.	Whet test confirmed diagnosis? Was there an au'opsy?
WIT efull in plant.	15. MAIDEN NAME Margaret Corace	23. If death was due to external causes (VIDLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Baltimore (State or country) many and	Accident, suicide, or homicide? Date of Injury, 19
TLY, e cal ATH	(State or country) maryland	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT AND HORSE W. Leulnes	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
F-7 70	18. BURIAL ORGMATION, OR REMOVAL Ceu.	Manner of Injury
三 田 语	Plad to allows Date 7, 1942	Nature of injury
WRITE mation s CAUSE TION is	10 HADESTANES Maurie Sieter	24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER / MALLE CONTROL OF BOLL	If so, specify
S. No.	on suspell / 1 10/15 None & Martin	(Signed) L. Martin M.
> Z	20. FILED #	(Addres Paus dallatown Mod.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cof importance w	ause of death and related causes were as follows:	Date of onset
Chronie interstitial nephritis	1921	Run over by street	car s	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	ear ATA 23 (149)	3 days ago
			BUTTERNUT V.S.	
Other contributory causes of importance:		Other contribut	ory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	-------------------	----	-----------

PLEASE WRITE

VS A15

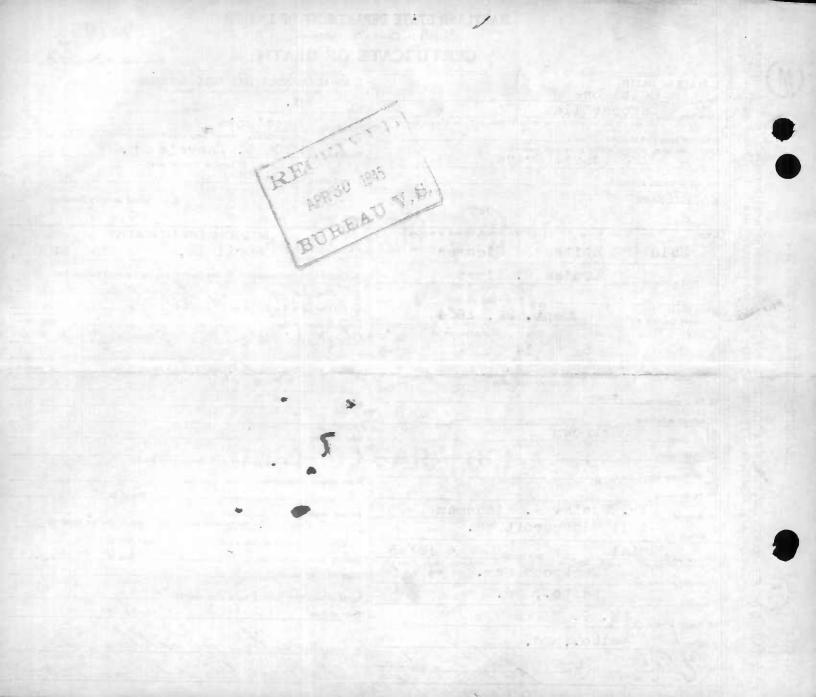
MARYLAND STATE DEPARTMENT OF HEALTHY

2411 N. Charles St., Baltimore 93-d

	03705	
Dag	Dist No ID	

CEDTIEICATE OF DEATH

Hospital, iositution, or sirect address where death occurred: 123 Forest Drive Street No. 2208 E. Danvale St. (If rural, give LOCATION) 123 FOREST Drive (If rural, give LOCATION) 124 Sex OTTO LIESS 3. (a) FULL NAME OTTO LIESS 4. Sex S. Color or race Of the band or wife Louisa H. Liess 6. (b) Name of husband or wife Louisa H. Liess 7. Birth date of deceased (mo., day, yr.) Sept. 28, 1864 Immediate cause of death OCCATION Street No. 2208 E. Danvale St. (If rural, give LOCATION) 2. (a) It veteran, name war. MEDICAL CERTIFICATION April 12, 19 5 at 23 19 5 to 25 10 1 mmgdiate cause of death OCCATION) 10 1 mmgdiate cause of death OCCATION 10 2. (a) It veteran, name war. 10 2. (b) Name war. 11 I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw hours, alive on 25 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CERTIFIC	Reg. Diat. No.
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced Male White Widower April 12, 145 4:3 6. (b) Name of husband or wife Louisa H. Liess Liess 20. Date of Death April 12, 1945 at 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above stated; that I attended deceased trom 3 194 to 22. I I CERTIFY that death occurred on the date above st	bunly Baltimo: Out or lown Catonsv (If outside city or ow long in above place of death? pspital, loslitution, or street address 123 Fo ow long in hospital or institution?	With limits, write RURAL and give nearest town) where death occurred: est Drive	State
Male White Widower 6.(b) Name of husband or wife. Louisa H. Liess 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day BO 6 14 hrs. min.		OTTO LIESS	no
6.(b) Name of husband or wife Louisa H. Liess 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day 80 6 14 hrs. min.			
8. AGE: Years Mooths Days It less than one day 80 6 14	. Birth date of	6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 and that I last saw h and allye on a first last saw h and a last saw
9. Birthplace	. AGE: Years Mooths		Che Hymarchal Sunfficience 4 740
10. Usual occupation	Usual occupation		Due to.
12. Name	13. Birthplace		
Mr. Gustav E. Wiedeman	6. Informact Mr. Gu 4011 R		Autopsy results
Burial 17 Burial 4/16/45 22. VIOLENCE: If death was due to external causes, fill in the tollowing; 18 Comparison, or removal, Which?) Comparison Comparison	Burial (Burial, cremation, or removal) Cemetery or crematory	rkwood Cem.	Accident, suicide, or homicide
18. Fuoeral director WM. J. TICKNER & SONS Address Balto., Md. 23. SIGNATURE Man. D. Jellogy Mr. M. D. or other	18. Fuoeral director. WM • Address Balt 9. 44/15	., Md.	23. SIGNATURE M. Jallogy Mr. M. D. or other



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

Reg. Dist. No. ..

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Oallymore	(For newborn infants give residence of mother) Sizie
(If outside city or town limits, write HURAL and give nearest town)	
How long in above place of death?	Cily or town
Hospilal, institution, or street address where death occurred:	Street No. Same thankle Gife
***************************************	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME annie C. Sint	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Widowed	marrow (NONIS 12 12 13-7:36
h. HS: F	20. OATE OF DEATH
6.(b) Name of husband or wife	21. I CENTIFY Anal death occurred on the date above stated; that lattered deceased from
7. Birth date of	and that last saw har alive on 19 4 1
deceased (mo., day, yr.) fune 23, 186/	Immediate anse of death A OURATION
8. AGE: Years Months Days If less than one day	(elema Homming Yau
7/ 9 20hrsmln.	
9. Birthplace (Town, county, and state)	Due to/)
	Maran milly remenza
10. Usual occupation.	Que to.
11. Industry or business	
12. Name Sohn Cooke 13. Birthplace Germany	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name and Gastner Baltamore Med.	
15. Birthplace Baltamore Med.	Major findings of operations
16. Informant / Donard Links	Antopsy results.
DI . B 12/2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Opperence Vallo (a. Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burjal, crepation, or removal. Which?)	Accident, suicide, or homicide
Cemerery or crematorfile of the Samuel Chareche	Where did injury occur? (City or town) (County) (State)
9 In all to the sent	(City or town) (County) (State) Injured at home farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	Modern Strains
Address Sparles md.	a water the line M. Hammett
1. 4/13 Hos Omna Price	23. SIGNATURE M. D. or other
19. (Date road by registrary)	6566am 4/12/5

NAV 4 1945 BUREAU V.S.

PLEASE WRITE

(Date rec'd by registrar)

correct age

1. PLAGE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55.0)

CERTIFICATE OF DEATH

03707

E OF DEATH	Reg. Diat. No. 37
2. USUAL RESIDENCE (HOME (For no born plants give residence	OF DECEASED:
State.	Carly Balline
City or town(If outside city or town in	mits, write RURAL and give nearest town)
Street No	***************************************
(If rural, s	rive LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town		
Hospital, institution, or street address where feath occurred:	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME South Property South	1		
4. Sex 5. Color or race 6.(α)Singlo, married, widowed, or divorced	MEI		
Through white maril	20. DATE DE DEATH Comment		
Thomas In Co. 1	21. I CERTIFY that death occurred		
6,(b) Name of husband or wife.	Issu-1		
7. Birth date of 2 2 4 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I last saw hally		
deceased (mo., day, yr.) Mary 2 4 - 18 9 9 8. AGE: Years Months Days If less than one day	Immediate cause of death		
41- 10 11hrsmin.	Tyrsy		
9. Birthplace Bostle April (Jown, count, and State)	Due to Primary lesi		
10. Usual occupation	Operation - hys		
11, industry or business	Due to		
12. Name Story G. Maleon 13. Birthplace Basely Aparin Inch.	Other conditions		
	(Include pregna		
14. Maiden name Sacrad Oderbell 15. Birthplage Woodlan, Jul	Major findings of operations		
El 15. Birthplace Woodley	Operation		
18. Informant Arms, M. Layer	Autopsy results		
Address Phoening Ind			
17 Basel (Burial greenation or moved White?) Date thereot. (month) (day) (year)	22. VIOLENCE: If death was due		
Account to the second to the s	Accident, suicide, or homicide Where did injury occur?		
Cemetery or grematory	where did injury decur :		
Location Mrd. Level had	Injured et home, farm, industry, p		
18. Funeral director Have I Deutline	Means of Injury		
Address Whole Itall had	Wil		
and Am Tire 9 A The man	23 SIGNATURE		

Registrar

ans of tnjury tnjured at work?

23. SIGNATURE STANDARD CONTRACTOR M. D. or other

M. D. or other

M. D. or other

M. D. or other

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causes Jo item

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PLEASE

BINDING

FOR

MARGIN RESERVED

CERTIFICATE OF DEATH

Reg. Dist. No. 37 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Street address, hospital, or institution: (If outside city or town limits, write RURAL NEAR and give town Stay in hospital or inst. (yrs., or mos., or days) (If rural give LOCATION) Stay in this community (yrs., or mos., or days) ___ 3. (a) FULL NAME 3. (b) Social Security Number information, s of death clea 4. Sex 5. Color of race. MEDICAL CERTIFICATION 6 (b) Name of husband or wife 1. CERTIFY that death occurred on the date above stated; that J attended deceased from 7. Birth date of deceased (mo., day, yr.) Immediate cause of deat 8. AGE: Years Months If less than one day INK. 9. Birthplace ____ (Town, county, and stete) 10. Usual occupation. 11. Industry or business Other conditions 13. Birthplace 14. Maiden name (Include pregnancy within 8 months of death) important 14. Maiden name **PHYSICIAN** Major findings: Please underline the cause to which death should be 16. Informant charged statistiespecially Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) (month) (day) year Accident, suicide, or homicide SE WRITE I Cemetery or crematory Where did injury occur?_ (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) ___ Means of Injury Injured at work? Address 23. SIGNATURE M. Porother (Date rec'd by registrar) Registrar



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

03708

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County. Baltimore City or town. Catons ville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 21 days			***************************************	(For newborn infants give residence of mother) State		
			RURAL and give nearest town)			
			SI days			
Hospital, Institution, or	Hospital, Institution, or street address where death occurred: Spring Grove State Hospital			Street No. "Home for	Incurables"	7
How long in hospital or institution? 3 months, 21 days				(If rural, give LOCATION)		
		mone ns	ZI uays	2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Securit	y Number
	Virgini	a Lynch			No	/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			MEDICAL CI	ERTIFICATION		
Female	White		Single	20. DATE OF DEATH April 25	19 45	12:10am
				21. I CERTIFY that death occurred on the date abo		
			***************************************	Tamana A	45 April	L 25 19 45
7 Right date of		6.(c) If alive, give ageyears	and that I last saw h. C.T. alive on	April 25	19 45
deceased (mo., day,)	n.) Decem	ber 30,	1869	Immediate cause of death		
8. AGE: Years	Months	Days	It less than one day	Chronic myocar	dial in-	Bonation
75	3	26		sufficiency		
9. Birthplace Baltimore County, Maryland				Due to Arteriosclerot	ic cardio-	3400
(Town, county, and state) 10. Usual occupation Practical nurse			state)	vascular disea	se	77
10. Usual occupation	Practica	1 nurse		Due to		
11. Industry or busines	Nursing			Bue (U		****
William P. Lynch			h	Dther conditions		
12. Name William P. Lynch 13. Birthplace Baltimore Co., Maryland			Maryland			
et 15. birtingiace	E 14. Malden name Catherine Buck			(Include pregnancy within 3		
14. Malden name.				Major findings of operations		
≥ 15. Birthplace	Baltimor	e, Mary	rland		Date of op	
14. Malden name. Catherine Buck 15. Birthplace Baltimore, Maryland 16. Interment. Hospital records				Autopsy results None	•••••	
Address	Catonsvi	11e Ra	iltol-28. Md.	PHYSICIAN: Please underline the cause to wi	hich death should be charge	d statistically.
				22. VIOLENCE: If death was due to external cau	ises, till in the tollowing;	
17. Burlal cremation	or removal. Which	Date ther	eof	Accident, suicide, or homicide	Date of	
Complement of activities	00	K La	wn	Where did injury occur?(City or town)	(0	(Chaha)
Cemeter) 05-stemati	9 4	. 0	- 8 4 1	(City or town) Injured at home, farm, industry, public place (w		
Location Eastern ava Extended						***************************************
18. Funeral director	Willia	ean C	rok Suc	Meens of Injury	Injured at work?	
Address	1219		al I	6 Tol. 761	fardue	520. AQ
41-	6	-	Que Hele	BODERT E. Garde	ner. M.D. M.I), or other
19. (Date rec'd by re	O 19 Y		Regiatror	Address Catonsville, Ba	alto -28 Md	4/25/45
(Date rec'd by re	gistrar)		regiatror	Address	neig gigne	W

PLEASE

VS A15

MARGAN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13710 75 Reg. Dist. No. 75

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily er tewn	State County County County City or jown Treas Millers
How long in above place ef dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hespital, institution, or street address where death occurred:	
	Sireet No
How leng in hospital er institution?	2.(a) If veleran, name war.
	1 2.(a) IT veteran, name war
Seo, D. mays.	3. (b) Social Security Number
4. Sex 5. Color er race (6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
male Whate Single	20. DATE OF DEATH Agr 26 1845 at 44:30 PM
4	
8.(b) Name of husband er wife	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw halive en
	Immediate cause of death DURATION
8. AGE: Years Moeths Days If less than one day	Growned 16 los
12 5 //hrsmin.	
Describered Balta Co	
9. Birthplace Manyland, Balto, 60.	. Due to.
at 1-1	
10. Usual eccupation	Due 10
11. Industry er husiness	
E 12. Name alfred & Mays	Other cendillens
13. Birthplace / Manyland	
	(Incinde pregnancy within 3 months of death)
14. Maiden name Ly Chap Balfungen 15. Birthplace Marwland	
S 15 Birthplace A MAGNAR COM	Major findings of operations.
	Date of op.
16. Intermant a school of the same	Autopsy results
Address Flouristian Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the fellewing;
(Borial, cremation, or removal, Which?) Dale thereef — — 30 — 5 — 5 — 5 — 5 — 5 — 5 — 5 — 5 — 5 —	Accideel, suicide, or hemicide. Accident Dale of 4 26-45
	Where did interv occur? millers Garroll mg
Cemelery er cranalory	(City or town) (County) (State)
Lecation I were Bullingla Mal.	Injured al home, farm, Industry, public place (where?)
1. 11/2 / X 2	Means of Injury Washed away by Injured at work? To
16. Funeral directer Additional Control of the Cont	lugh water
Address Miter Entre Man	23. SIGNATURE D. D. Caplus M. D. or other
19. Ober rec'd by registrar) (Dafe rec'd by registrar) Registrar	Address Persturatown, Indpate signed 4-27-14.

MAY 3 1945
BUREAU V.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03711

-	_		111
- 13			44
Reg	. Dist.	No	

CERTIFICATE OF DEATH

I. PLACE					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Raltimore Fort Howard (If outside city or town limits, write RURAL and give nearest town)					State Maryland County County	/		
How long in above place of death? 6 Days Hospital, institution, or street address where death occurred: Vets. Adm. Fic. Fort Howard, Maryland					City or town. Jessups (If outside city or town limits, write RURAL and give nearest town) Streel No. Route [] (If rural, give LOCATION)			
How long in h	ospilal or inst	itulion?	Days		2.(a) If veteran, name war	V		
3. (a) FUL	L NAME	SMITE	HE. MC	ADOO	3. (b) Social Security	Number		
4. Sex	5.	Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION			
Mal	е	White	Ma	rried	20. DATE OF DEATHADril 6	, af5.p.5.7A.M		
) If alive, give age48years	21. I CERTIFY that death occurred on the date above stated; that I atlended dec	y194.5		
deceased (no., day, yr.)	8-14-6	35		and that I last saw himalive onApr.ilf.y			
8. AGE:	Years	Months	Days	If less than one day	Urenia Chronic			
	79	7	22	hrsmln.				
9. Birthplace 10. Usual occ 11. Industry o	upationRe	sylvania (Town, tired Pl	county, and m	tate)	Due to Prostatic, ypertrop.y with uringry retention	-plus		
12. Name	Inon	as wcAdd	0.0 La		Other conditions Tuberculosis, chr.pul.far. adv., Atelectasis right lung. ArteriosClerosis			
14. Maid 15. Birth	en name Pe	Abigal l	<u>lcArthu</u> nia	r.	Arterioscierosis Major findings of operations. Date of op.			
18. Informant	Clin	ical Red	ords.,	Vets. Adm. Fa. ryland	Antapay results			
17(Burlal, c	Buri remation, or	enovsi, Which?	Oate there	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemetery or crematory Haltimore National Cemetery Baltimore, Maryland					(City or town) (County)			
		A. Lee	Uder		Means of Injury Injured at work?	mn		
Address	1	4644 Y	ork Ros	d., Balto., Md.	23. SIGNATURE CLASServery	1.10(
19	d by registr	19 K J	A	le Kedrick	C. KENNEY, M.D. CLINICAT D			

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03712

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cural Le Bair Care (If outside city or town limits, write RURAL and give nearest town)	State Md. County Ballo.
How long in above place of death?	(If outside city or togg limits, write RURAL and rive nearest town)
Hospital, institution, or street address where death occurred:	and the Bors are on north land Rd.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (g) FULL NAME	1 2 /1\ C 1 1 C 1 N 1
JAMES T. Mc CAULLEY	3. (b) Social Security Number 212-16-9481
4. Sex 5. Color or race 6.(a) Single, married, widowed/or divorced	MEDICAL CERTIFICATION
male state stedowed	20. DATE OF DEATH. 4 = 8-45 19
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1910
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) may 18 - 1890	
8. AGE: Years Months Days It less than one day	Imperate cause of death Occursion DURATION
54 10 21hrs	
8. Birthotace new york	Que to.
(Town, county, and state)	
10. Usual occupation Carpenter	
11. Industry or business (Things Carpenter)	Due to
El unknown	
12. Name	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name	
0 45 0131-1-1-1	Major fiadings of operations
2 15. Birtinpiace	Date of op.
16. Informant tuck the state of	Autopsy results
Address Jowson, and.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tt death was due to exteroal causes, fill in the following;
17. (Burial, eremation, or remotel. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
(Burial, elemation, of Femous, Willell)	
Cemetery or crematory	Where did injury occur?
Location German Hell ad.	Injured at home, farm, Industry, public place (where?)
Alan le hannelle	Means of Injury Injured at work?
18. Funeral director.	marin
Address 418 6 aslern Come - Easer	- 22 CIGNATURE / / / Wave / M.A.
19. 4-12 19 48 Jan J. Connelly	23. SIGNATURE COLOR VILLE COLOR COLO
(Date rec'd hy registrar) Registr	rar Address Date signed That Age

MAY 2 1945
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

		r;	17	4	2	
1	}	5	1	1	3	

CERTIFICATE OF DEATH

Reg. Diat. No.....

0166

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Samuel J. Miles	3. (b) Social Security Number
Mala White Widowed, and wood	MEDICAL CERTIFICATION 20. DATE OF DEATH. Chr. 2 18 2 19 5 at 6 4 M
8.(6) Name of husbander wite Sahah K. Miles 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. to office 18. 19.4.5. and that I last saw h. 1.222. alive on 4/16/4.5.
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate came of death
92 7 /hrsmin.	October Charies
9. Birthplace	Due to. Due to.
12. Name Was Known) Miles Miles.	Other conditions
H 14. Maiden name	Major findings of operations
16. Informant Samuel J. Miles Address 6318 Shenwood Rd	Autopsy results
17 Burial Date thereof 4/2/45 (Burial, exemation, exempted, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery er eremetery	Where did injury occur?
Location William Cook Inc	Means of injury injured at work?
18. Funeral director	23. SIGNATURE & Bush. Bayle. (217 1/1 1 R) R) M. D. or other 4/19/1
19. 4/20 19 45 Geoffee	Address 52,7- Afailar Rd Date signed 4/17x1

ARGIN RESERVED FOR BINDING

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BIC

CERTIFICATE OF DEATH

03714

Reg. Dist. No. 38

County City or town 22 Mustake Road (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Slay in hospital or inst. (yrs., or mos., or days)	Sirest No. 222 Musico Charles (1f rural give LOCATION)	No
3. (a) FULL NAME		lumber
Catherine Meller		
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	10
Genele White Widow	20. DATE OF DEATH Offil 12 19 45	, atP_M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceared the state of the state o	
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause of death Le erebrul Tremontage	OURATION 4 days
9. Birthplace County, and state) 10. Usual occupation	Oue to Chronic Sufferille and	21/12
11. Industry or business Houseffuse 12. Name	Other conditions	
14. Maiden name Mary Coffelotors 15. Birthplace Sublands	(Include pregnancy within 3 months of death) Major findings: Of operations	PHYSICIAN Please underline the cause to which death should be charged statisti-
120 mandage Wil	Of autopsy	cally.
17. Collected Temporal Date thereof (month) (day) (year Cemetery or crematory Catheland Conclusion	Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County)	(State)
Location - Dallamore md	Injured at home, farm, industry, public place (where?)	
18. Funeral director— Mary hu Hedefeld. Address 60 E J22 St. 19. Phil H	Means of Injury Injured at work? 23. SIGNATURE Shaltu & Luckman M. D. o Address 225 hundock Rd Date signed	10ther, 4/14/
	Street address, hospital, or Institution: Slay in hospital or Inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 3. (a) FULL NAME Stay in this community (yrs., or mos., or days) 5. Color or raca 6 (b) Name of husband or wife 6 (c) If alive, give age	Sireel address, heapital, or inestitutions: Sireel address, heapital, or inestitutions: Sity in hospital or inst. (yrs., or mes., or days) Sity in hospital or inst. (yrs., or mes., or days) Sity in his community (yrs.,

HEATT TO STUDY THE

APR 24 1945
BUREAU V. F

UNFADING INK. Supply every item of information carefully. The correct age ant, Physicians: please write the causes of death clearly and legibly.

important.

WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

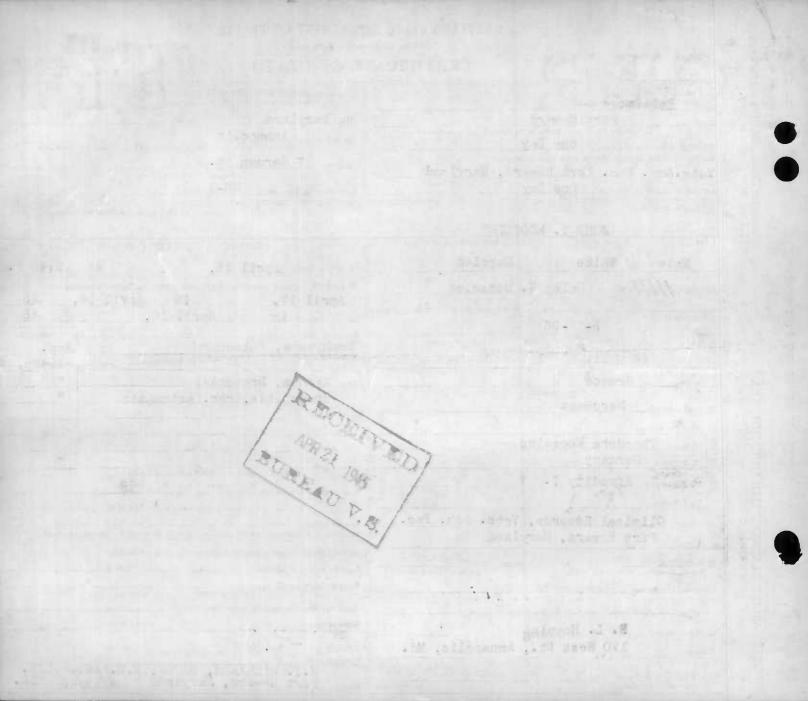
2411 N. Charles St., Baltimore (1/2)

119715

CERTIFICATE OF DEATH

	17	01	10	1
			14	44
Reg.	Diat	. No.		

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland County			
(If outside city or town limits, write RURAL and give nearest town)	City or town. Annapolis	Annanolis		
How long in above place of death?	(If outside city or town limits, write KURAL and give no	arest town)		
Vets.Adm. Fac. Fort Howard, Maryland	Street No. 7 Gorman St. (If rural, give LOCATION)			
How long in hospital or institution? One Day				
3. (a) FULL NAME				
J. (d) FOLL NAME	3. (b) Social Security	Number		
JOHN T. MOOSELES 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced				
	MEDICAL CERTIFICATION			
Male White Married	20. DATE DF DEATH April 18, 19 45	9:40 Pm		
6.(b) Hame of bostand or wite Helen V. Mooseles				
	Anril 1745 Anril 18			
7. Birth date of	and that I last saw him alive on April 18,			
deceased (mo., day, yr.) 5-17-96	Immediate cause of death	DURATION		
8. AGE: Years Months Days It less than one day	Emphysema, Pulmonary	Aug.		
48 11 1hrsm	in.	1943		
9. Birthplace	Due to Asthma, bronchial			
(Town, county, and atate)	Bronchitis, chr. asthmatic			
10. Usual occupation. Merchant	Que to			
11. Industry or business				
12. Name Theodore Mooseles 13. Birthplace Germany	··· Other conditions			
13. Birthplace Germany				
14. Malden name Afrodity T. ?	(Include pregnancy within 3 months of death)			
2	Major findings of operations			
16. Informant Clinical Records, Vets. Adm. Fac.	Antopsy results			
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
(Burial, cremation, or removal. Which?) Date thereof field 21/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following:			
(month) (1 car)	Accident, suicide, or homicide			
Cemetery or crematory Cella Bluff	Where did injury occur?	(State)		
Location Assachables - and				
	Means of Injury Injured at work?			
18. Funeral director Se L. Hopping	and Alane 1			
Address 170 West St., Annapolis, Md.	Alob, Hymnhash			
19 April 20 19 45 Dawson J. Harbers (Dat rec'd by registrar) Registrar	H.Y. RICHARDS, MAJOR, M.C. MAIC	AothGLIN. /45 DIR.		



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MARGIN RESERVED FOR BINDING

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (954)

03716 7

CERTIFICATE OF DEATH

Dist. No. 30

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Bai	timore	3.	State Maryland County	
City or town(If or	tside city or town li	imits, write	RURAL and give nearest town)		
How long in above place	f death? 8 m	onths,	l day.	City or town. (If outside city or town limits, write RURAL and give nesre	est town)
Hospital, Institution, or Spring	treel address where	death occurre	d: enitel	Street No. 307 Possiter Avenue	
				(If rural, give LOCATION)	1/
How long in hospital or	Institution?	OH CHES	1 day.	2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security N	umber
	Annie	Drusci	lla Murphy		
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white		widowed	20. DATE OF DEATH April 17 19 45	at 7:35 p.
	Tame	s Will	iam Murphy	21. I CERTIFY that death occurred on the date above stated; that I atlended deceas	ed from
				AUGUST 10 19 43 to APRIL J	L71945
7 Cluth date of			(c) If alive, give ageyears	and that I last saw her. alive onApril 17	1945
deceased (mo., day, yr				Immediate cause of death	DURATION
8. AGE: Years	Months 4	Days 19	If less than one dayhrsmin.	Terminal Broncho-pneumonia	24 hou
9. Girthplace	Baltimor	e, Mar	y land state)	Due to Cerebral Thrombosis	
				Due to Generalized Arteriosclerotic	
	none				
11. Industry or business			-	Cardiovascular hypertensive disease	TBGGI.
12. Name	James Fre	Mo w	land	Other conditions	•••••
- • 1				(Include pregnancy within 3 months of death)	
	Mary Etta	Vanwi	ck	Major findings of operations	
15. Birthplace	?			Date of op	····
16 Informant	Hospita	l reco	rds	Antopsy results. As above.	
Address	Catonsv			PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.
D	0			22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation,			(month) (day) (year)	Accident, suicide, or homicide	
			shal	Where did injury occur?	(Stste)
Location	V3cit	4	LJ.		
	Cin	1 -	6 /	A delivered of work?	
18. Funeral director	10871	01.1.1.1	HIMOULD	Robert & Farduer	ton a
	1000	11/2	Juny 1	22 CICHAPITE	r other
	istrar)			Robert E. Gardner M. D. of Catonsville-28, Md. Date signed.	a Operos

PLEASE WRITE PLAINLY, WITH LIVEADING INK. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (756)

CERTIFICATE OF DEATH

03717 Reg. Diat. No. 30

1. PLACE OF D	EATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town	Catonsvil	le	RURAL and give nearest town)	State Maryland Cour	nty Calvert	•••••		
How long in above pla	ce of death?	days	d:	City or town				
	or institution? 16			2.(a) If veteran, name war				
3. (a) FULL NA	ME Ella Myer	s			3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION			
Female	White		Married	20. DATE OF DEATH April 18	19.45	at 10 p. M		
			yers (c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo April 2	45 to April 18	3 45		
7. Birth date of	Assesse	t 2, 1		and that I last saw h. G.Calive on				
o. Ada.	ars Months	Days 16	It less than one day	Immediate cause of death	o pneumonia	12 hrs.		
4			min.	9 9 4	•	T 1 6		
9. Birthplace 1D. Usual occupation	Housewi	county, and	a, East Bend	Due to	18	Indef.		
11. Industry or busin	John Ha	le		Splenomegal	ia	***************************************		
12. Name 13. Birthplace	?			Uner conditions				
14. Maiden nam	Matilda ?	Hale		(Include pregnancy within 3 m				
16. Informant	Hospita	l reco	ords	Antopsy results. As above				
Address	Catonsv	ille.	Balto28, Md.	PHYSICIAN: Please underline the cause to wi		statistically.		
0	on, or removal Which?	Date the	reol	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of			
/	7-11-00	1/42	- Sml -	Injured at home, farm, Industry, public place (wi				
Location	acy cip			Mesns of Injury	tnjured at work?			
18. Funeral director	17/5 X ng	lek	a _	(Vale XE &	Tarduer	24.00		
	4/9 19 45	/	Candles and Control	23 SIGNATURE ROBERT E. Gardin Address Catonsville, Ba	er. M.D. M.B.	or other		

MAY 1 1945 BUREAU V.S. TION is very important. See instructions on back of certificate.

			F MAR	YLAND-	CERTIFICATE OF DEATH 1371	8 R.
,	L. PLACE OF DE	ATH Balto			927) Polistration Diet No. 3	2
	0001119	***************************************	t on		No. 1215 Lake Ave St.	Ward
	Village or City Mt Washington				death occurred in a horpital or institution, give its NAME instead of street and	number)
	Length of residence fr	city or town whara de	aath occurrad_0	4yrs3mos	s24ds. How long in U.S. if of foreign birth?n	10sds.
2	. FULL NAME	Mary E. 1			If U. S. Veteran, specify WAR	
	(a) Residence: No.	1215 Lake	(Usualplace	of shods)	St, Ward. If nonresident give city or town ap	d State
-	PERSONAL A	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	a Diete
3.	SEX 4. CO	LOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	., 196/5
5a.	If married, widowad, or d HUSBAND of (or) WIFE of	ivorced ########			22. Q HEREBY CERTIES, That I attended	decaasad from
6	DATE OF BIRTH (month,	day and year)	1/15/186	1	I last saw her alive on Other 18 1946	death is said
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3_ A_m.	
	84	3	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, atc.			Mural In Suf	Un Isnow	
UPAT	kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacoasad last workad at this occupation (month and					
Ö	10. Date dacoasad last this occupation (month and	SD:	time (yaars) ent in this cupation		**
12.	BIRTHPLACE (city or tow (State or country)) Balto.	Co Md		Other Contributory Causes of importance	
2	1	ad Newbar			windly relations	ATUKADAN
FATHER					Name of operation Date of _	
FA	14. BIRTHPLACE (city of (Stata or country)	Geri	many		What test confirmed diagnosis?	
ER	15. MAIDEN NAME	Margaret C	onry		23. If daath was due to external causes (VIOLENCE) fill in also the following	ig:
MOTHER	16. BIRTHPLACE (city of		and		Accident, sulcide, or homicide? Date of Injury Where did injury occur?	
17.	INFORMANT WM. H (Addrass) 1215	Newbar		••••••	(Specify city or town, county and Str. Specify whather injury occurred in fNDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Govans Date 5/2/45 19/					Manner of Injury	
19.	UNDERTAKED MAN (Address) 1318	Light St	tey IV	ous!	24. Was disaasa or Injury in any way related to occupation of decaased?	
20.	FILED 5/1	, 19 45	120	Mel. Registrar.	(Signad) 1707 Prof Stock	ar M.D.
		If more	blanks are morded	address Casa Paristra	N. Ch. J. Co., P. L. P. P. C. M.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CERTIFICATE OF DEATH

(13719P

		3-5	02111111011	I OI DENIII	Reg. Dist. No	
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	1
County Baltimore				State Maryland Coun		Harford
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 63 Days		City or town Havre De, Grace (If outside city or town limits,				
Hospital, Institution,	or street address where m. Fac. For	death occurred	rd, Maryland	Street No. 132 Wilson St	***************************************	
How long in hospital	or Institution?63	Days	o	2.(a) If veteran, name war VIVI-I		V
3. (a) FULL NA		LIAM D	4. NICHOLS		3. (b) Social Security 220-20-70	
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CE 20, DATE OF DEATH	RTIFICATION	
	la/o/wite Ol		ie Nichols c) If allve, give age	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece 5 to April 10	eased from 6 1945
deceased (mo., day		Days	If less than one day	Immediate cause of death	•	
	57	11	hrsmin.	Tuberculosis, chr. pul	. far adv.	1 Yr.
9. Birthplace 1D. Usual occupation 11. Industry or busin	Beltimore (Town, Superv.	Mary connty, and a sor	land	Due to		plus
12. Name William Nichols 13. Birthplace Maryland				Other conditions	ronie	
14. Malden name Mary Lynch 15. Birthplace Maryland				(thelude pregnancy within 3 mg		
		rds. V	ets. Adm. Fac.	Autopsy results.		
16. Informant Clinical Records, Vets. Adm. Fac. Address Fort Howard, Maryland				PHYSICIAN: Please underline the cause to which		statistically.
17	Burial on, or removal. Which?) thory Baltimor Baltimo	Date there	onal Cemetery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, industry, public place (whe	(County)	(State)
18. Funeral director. Byers Undertaker 5005 Park Heights Ave., Balto			ghts Ave., Balto	Means of Injury 23. SIGNATURE	Injured at work?	Aug
19. (Date ryc'd by	registrar)		A. Helici	H.Y. RICHARDS, I	4-16-45 signed	DIR.

WITH UNFADING INK. Supply every item of information carefully. The camportant. Physicians: please write the causes of death clearly and regibly. PLEASE WRITE PLAINLY, is especially VS A15

19. (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

Verification of "Residence" by phone to Ft: Howard 5-8-45.ams.

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Gar	Evidence for change of BALTIMORE CITY HE	ALTH DEPARTMENT Registered No.	763
Ē.	FILM NO. G 9 5 MAY 25 1945 CERTIFICATE	OF DEATH	2011
ollied.	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED: 03720)
Tang.	(a) Baltimore City, Maryland (b) Street address. Bellana Ce	(a) State Md (b) County	
- X	(c) Hospital or institution:	(c) City or town Saltimore (If outside city or town limits, write RURAL	and give town)
量	Mercy Villa.	(d) Street No. 423 & Lake (Eur J
2 d +	(d) Length of stay in hospital or inst. (yrs., mos., or days) 4	(e) Citizen of foreign country?	(Yes or No)
uld by and	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
on shou	3 (a) FULL NAME Dessie Nossi	S CONTRACTOR OF THE SECOND CONTRACTOR OF THE S	
	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION 20. DATE OF DEATH CAMPIL 8 19 45	015
NG ormati death	4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above states	
BINDING of inform uses of de	Temale Mite divorced. Married	ed deceased from 1940, to april	8 1945
	6 (b) Name of husband or wife James S.	and that I last saw h alive on	
FOR y item the can	7. Birth date of deceased (mo., day, yr.) Selfor 6 " 1899	Immediate cause of death Colon	8 monthly
_ 57	8. AGE: Years Months Days If less than one day	The State of the section of the sect	
CRVI	45 46 hr. min.	Due to	
RESERVED INK. Evel please write	9. Birthplace (Town, county, and state)	Due to	
NG S	10. Usual Occupation Homewiff II. Industry or business	Other Conditions	
FADING rsierans: 1	12. Name Cendrew J. Nossis		PHYSICIAN
HAS H	13. Birthplace Bathings Mrs	Date of operationO. C. 15	Underline the
E H	14. Maiden Name Elizabeth Lowie	Major findings of operations with with	cause to which death should be
r, WITH	15. Birthplace Selland	of autopoyery travic metastous.	charged statis- tically,
LX, mpo	16 (a) Informant Cassall Ma-Corniels	22. If death was due to external causes, fill in the foll (a) Accident, suicide, or homicide	
A NA	17 (a) Busial (b) Date thereof Office 11 1940	(a) Accident, suicide, of nonneide	
PL	(Ruriel gramation or removal) - (month) (day) (vent)	(c) Where did injury occur? (City or town) (Count	y) (State)
S est	(c) Cemetery or crematory Coale Lawn	(d) Did injury occur about home, on farm, industrial p	
E WRIT	18 (a) Funeral director of the a Molan	(Specify type of place)	01
四点	(b) Address 3600 & Baltimore St	23. Signature	in fr had
PLEASE correct a	PRO Intercary restrant turting for Williams, Mot	Address 2 706 Seraul Aboate sign	ed W. D.
П	VS 150	X	1,142

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying ause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

Por additional discussion of this subject see PHYSI-CIANS HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF BEILI MOTE 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Balto. Rosedale , 6, Md. (If outside city or town limits, write RURAL NEAR and give town) Rosedale ould carefully. City or town (If outside city or town limits, write RURAL NEAR and give town)
7933 Bridge Avenue Street address, hospital, or institution: Stay in hospitat or Inst. (yrs., or mos., or days) (If rural give LOCATION) Stay in this community (yrs., or mos., or days)_____ information shor 3. (a) FULL NAME 3. (b) Social Security Number Elizabeth O'Connor 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FOR BINDING April 15th married James O'Connor 8 (b) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from JAN. 15 - 1845 10 APRIL 15 1845 item -6(c) If alive, give age_____years and that I last saw h & A allve on APRIL 15. 19 41 7. Birth date of deceased (mo., day, yr.) Immediate cause of death

CayDIAC FIBROSIS DURATION 8. AGE: Months If less than one day RESERVED 61 INK. please Scotland Due to HYPERTENSION 9. Birthplace. (Town, county, and state) Housewife UNEADING Physicians: 1D. Usuat occupation At Home 11. Industry or business John Dolan Ireland 13. Birthplace 14. Maiden name__ 15. Birthplace Unknown PHYSICIAN Major findings: Ireland Please underline James O'Connor (hus death should be 18. Informant charged statistiespecially 7933 Bridge Avenue Address 22. VIOLENCE: If death was due to external causes, fill in the following: Burial (Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide Holy Redeemer SE WRITE I Where did Injury occur?____ Cemetery or crematory ___ (City or town) (County) Belair Road injured at home, farm, industry, public place (where?)_____ Means of Injury PLEASE Wolfe Street Address (Date rec'd hy registrar)

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 9370

03722

/ Mesull - 8, 114 Date signed 7/34/45

I. PLACE OF DEATH: Baltimore County				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
			' 8 4:	State Maryland Co City or town Relsterstown (If outside city or town limit Street No. 728 Main St (If rural, giv	1 ts, write RURAL and give nea	arest town)
How tong in hospital	or Institution?		***************************************	2.(a) If veteran, name war	NO	
3. (a) FULL NA	ME				3. (b) Social Security	Number
	Arthur Ol	iver			None	
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced M				0	ERTIFICATION 28 40	10.45
8.(b) Name of husbar 7. Birth date of deceased (mo., da)	******************************	8.(nder Oliver c) It alive, give age 78 years	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from
	ars Months	Days	It less than one day	Immediate cause uf death		DURATION
	75 7	22	hrsmin.	Chronic Mn	cardelio	1 41 .
9. Birthplace				Due to. Coronary & Due to. Art Asles	clerosio	1 yr. 6 yrs.
	ames Oliv lbany N Y			Other conditions	. 40.4	Emo
Aal	Jerusia		ns	(Include Fregnancy within 3		
	Canada				Cate of op	
18. Intermant Mrs Mary Allender Oliver				Autopsy results		
Address Reisterstown Md 17 Burial Burial Bate thereof May 1 1945 (Month) (day) (year)				22. VIOLENCE: If death was due to external ca	Date of	
Cemetery or crematory Reisterstown Methodist Centerstown Mc				(City of Lown)		
				Injured at home, farm, industry, public place (w	Injured at work?	
18. Funeral director	William	Berry	man & Mons	means or injury	injured at work?	7
Address 4 3	Reisters	- 1/	Ma	28. SIGNATURE Jane 29		or other
(Date rec'd hy	o 19 45 registrar)	/	Registrar	Address / Scenille	- S MA Date signed	7/30/15

MAY 3 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6

113723, 0

			CERTIFICA	TE OF DEATH	Reg. Dist. No	7 0
1. PLACE OF DEATH: County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence State	County Baltimore inits, write RURAL and give nen ill Road ive LOCATION)	irest town)
			Lee Ohm			
4. Sex Female	5. Color or race White		e, married, widowed, or divorced dowed	MEDICAL 0	CERTIFICATION	4.30 A
7. Birth date of deceased (mo., day, yr) Januar	y 1, 1		21. I CERTIFY that death occurred on the date 1. 25	1845 to 4/30 4/29	0 19.45
8. AGE: Years 75	Months 3	Days 29	If less than one dayhrs. min.	Cerebral thron	/ •	3 days
8. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation None 11. Industry or business El 12. Name Thomas Coates 13. Birthplace England				Due to	eris-oderoris	
13. Birthplace 14. Maiden name 15. Birthplace	England Durinda Petersbu	Wright		(Include pregnancy within		
16. Intermant Mrs. Norman T. Nelson Address 27 Murray Hill Rd., Murray Hill 17. Burial Date thereof May 2, 1945 (Burlal, cremation, or removal. Which?)			on Murray Hill	Autopsy results	which death should be charged	statistically.
Cemetery or crematory Location Park Cemetery Location Relatingere, Ad.			Zemetery	Where did injury occur?(City or town injured at home, farm, industry, public place		(State)
18. Funeral director Address 4510 19	hiberty H		lworeau	Means of Injury 23. SIGNATURE Hannes Address 37 W. Preston S.	Injured at work? M. D. c t. Date signed.	1//2 1/11

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03724 Reg. Diat. No.

CERTIFICATE OF DEATH

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Cesare Palmer or Palm	erino. 217-18-1926
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. a frue 28 1941-20
6.(b) Name of Kinand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Mooths Days If less than one day	Occlusion
56 11 12 hrsmin.	
9. Birthplace Besciano Italy 10. Usual occupation Bricklayer 11. Industry or business 12. Name Giuseppe Palmerino 13. Birthplace Italy	Due to
	(Include pregnancy within 3 months of death)
14. Malden name Teodora Patriarca 15. Birthplace Italy 18. Informant Fannie Palmer (Wife) Address 1626 W.Fayette St.	Major findings of operations
tocation table to the state of	22. VIOLENCE: it death was due to external causes, till in the following: Accident, suicide, or homicide

	1	
1		

MARGIN RESERVED FOR BINDING

	Supply every item of information carefully. The correct
	G INK.
	FADIN t. Physi
U	WITHIU
	AINLY, especially
	RITE PI
VS A10	PLEASE WRITE PLAINLY, WITH ILL ADDING INK. Supply is especially important. Physicians: please w

||Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /23

U	21	60
 Dist	No	30

FILM No. G 9 5 JUN 8 1945 CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME William Petrick		
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH ADRIL 13 19 45 at 8:55 a.m. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept ember 30 19 32 to April 13 19 45	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 35 34 2 28hrsmin.	and that I last saw him alive on April 13 19.45. Immediate cause of death OURATION 2 days	
Baltimore (Town, county, and state) 10. Usual occupation 11. Industry or business None 12. Name William Petrick	Due to Massive hemorrhage into the large intestines and part Due to of small intestines 2 days?	
13. Birthplace ?	(Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the canae to which death should be charged statistically.	
Address Catonsville, Balto28, Md. Buried Date thereof 5-21-45 (month) (day) (year) Cemetery or crematory Spring Grove State Hospital Location Catonsville 28, Md. 18. Funeral director Spring Grove State Hospital Address Gatonsville 28, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	

RECEIVED

MAY 29 1945

BURBAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 301

CERTIFICATE OF DEATH

1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Backwary
(If outside city or town limits write RURAL and give nearest town)	
Now long in above place of death? Se years.	(if outside city or town limits, write RUHAL and give nearest town)
Hospital, institution, or street, address where death occurred:	Street No. 626 S. Warwick Road
	(If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME George William G	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 27, 19.45, 21 1304. M
Margaret	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of bushand or wife.	Dec 21, 1842 10 april 22 18 45
7. Birth date of give age years	and that I last saw h 1691 alive on Optil 27, 1845
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one daymin.	Left Cleubricular facture 15mins
Balton Md.	. In Sulti Heart blustage 2.13440
8. Birthplace	Due to Ayelultic Hears blesease 2/3 yrs.
10. Usual occupation	
11. Industry or business Chickey Co.	Due to
	les obtrala Procurs
12. Hame Tes A. Puster 13. Birthplace Balto Md.	Other conditions lerepheral Cornelly 2/3 950.
# G. Bicker	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Bally my	Date of op.
18. Informant Marghiet Total	Autopsy results
Address 626 & Warwill Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
· · · · · · · · · · · · · · · · · · ·	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burhal oremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location J-Ant Dasc.	Injured at home, farm, industry, public place (where?)
900 Leunbach	Means of Injury tajured at work?
18. Funeral director	
Address To Mynustration	23. SIGNATURE V- Rarl (Lass M. Ll.
19. 4/28 19 V5 FW. Hedric	M. D. or other

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Qui

CERTIFICATE OF DEATH

()				
Reg	. D	iat.	No	تد

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State County City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (1f roral, give LOCATION)		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?			
Hospital, institution, or street address where death occurred: Masonic Akme			
How tong in hospitat or institution?	2.(a) tf veterae, eame war		
3. (a) FULL NAME Mrs Josephine Plumme	3. (b) Social Security Number		
Fernale White Hidowal, or divorced	MEDICAL CERTIFICATION 20. BATE OF DEATH ASSEMBLE 19. 75 at 455 P. M.		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
7. Birth date of deceased (mo., day, yr.) Feel. 6 - 1861	and that I last saw h. Jost alive on		
8. AGE: Years Months Bays It less than one day	Immediate cause of death BURATION		
87 2 3hrsmin.			
8. Birthplace (Town, connty, and etate) 18. Veuzi occupation Houseunfle	Bue to Dansenden Dansen 5 plan.		
11. industry or business 12. Name	Other conditions.		
14. Malden name Alexander Smith	(Include pregnancy within 8 months of death) Major findings of operations.		
16. Informant January H. Schurger	Actopsy results		
Address Attaconic Atmic Contemporal 17. (Burial, eremation, or remoyal. Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide		
Cemetery or crematory Themmound	Where did injury occur?		
16. Funeral director Line L. Berger	Means of Injury Injured at work?		
Address 15/2 Abellins St. Apr. 13 45 Wilmer C. Ensor	23. SIGNATURE Addless Fr. Shill M. D. or other		
19			



WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03728

CERTIFICATE OF DEATH

Reg. Dist. No. 32

county Balti	aTH: Lmore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	nt Wilson town of death? O y street address where	imits, write I	WRAL and give nearest town) MO., 12 days Mt. Wilson Sanatorium	State Maryland county Baltimore City or town (if outside city or town limits, write RURAL and give nearest town) Street No.			
How long in hospital or	Institution?O	7.r.s	mos., 12 days	(If rural, give I			
3. (a) FULL NAME					3. (b) Social Security		
	James		'd Porter		216-16-57		
Male	5. Color or race White		e, married, widowed, or divorced		DICAL CERTIFICATION il 20, 19 45 at 3:00 P		
	0 · · · · · · · · · · · · · · · · · · ·	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above March 8, 19. 4 and that I last saw h. i.m. alive on	e stated: that I attended deco 45, toApril ril 20.,	eased from 20.319.45	
8. AGE: Years 45	Mooths	Days	If less than one dayhrsmin.	Immediate cause of death	ılosis	4 yrs.	
9. Birthplace Pa				Due to Tubercle Bacill	l i		
1B. Usual occopation 11. Industry or business				Due to	•••••••••••••••••••••••••••••••••••••••	***************************************	
12. NameJa 13. Birthplace	mes A. F Baltimo		aryland	Other conditions Acute Nephri	Ltis	2 mos.	
14. Malden name		racey	***************************************	(Include pregnancy within 3 me			
16. Informant Ja	mes Edwa	rd Po	rter Co., Md.	Autopsy results		************************	
17. Bunal (Burial, cremation.	or removal. Which?) , Mt. Zi	Date there	metery and	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	(State)	
18. Funeral director	John F.	Denny	, Inc. Sts., Balto., Mo	Means of Injury	tejured at work?	10.5	
			al 7 Webster	23. SIGNATURE SULVAIT	M. D.	or other	

APR 25 1945 BUREAU V.S.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

				TE OF DEATH	Reg. Diat. No	*************************
Cily or town. Fort. (If or How long in above place Hospital, Institution, or Vets Adm.	Howard Land live of death? Street address where the Face Fort	mits, write R 27. day death occurred Howar	URAL and give nearest town) I.S. I. Maryland	State McTV18nd County County		
3. (a) FULL NAME				3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL 20. DATE OF DEATHAprill	CERTIFICATION	9:18 A
		6.(0	c) If alive, give ageyear	21. I CERTIFY that death occurred on the date	above stated; that lettended decea 19.45, toApril.1	19.4.5
8. AGE: Years	1	Days	If less than one day	Immediate cause of death	, acute	Sudden
	Unemploye		nd tate)	Oue to Disease of te h arteriosclerosis.	eart Coronary Cardiac enlarge- linsufficency.	*************************
12. Name. William B. Pratt. 13. Birthpiace Maryland				Other conditions N ne (Include pregnancy witht		
14. Maiden name Sallie Lane 15. Birthplace Waryland				Major findings of operations		
Address Fort	Howard, M	Oate ther	(about 4 - 1945	Autopsy results	cowhich death should be charged causes, fill in the following; Oate of (County) (county)	(State)
18. Funeral director	Bkma 603 B.	elan	Road CelHoren	Meane of Injury RMG. 23. SIGNATURE. Clinical Director Clinical Director	Injured at work?	or other cting

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 131-6 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death? Hospital Institution or street address where death occurred (If rufal, give LOCATION) How long in hospital or institution?... 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 1945 at 11,004, M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from FOR 1945 7. Birth date of and that I last saw h. C. deceased (mo., day, yr.) Immediate Cause of death. DURATION MARGIN RESERVED 8. AGE: If less than one day 10. Usual occupation 11. Industry or business t3. Birthplace (Include pregnancy within 8 months of death) 14. Maiden name. Mary Major findings of operations. 2 15. Birthplace PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill lothe following; Accident, suicide, or homicide... Where did injury occur? (City or town) (County) (State)

S A15 LEASE WRITE PL

Address COS WN ON Ballotted

(Date rec'd by registrar)

(Date rec'd by registrar)

23. SIGNATURE THE CONTROL OF STREET M. D. or other

Injured at home, farm, Industry, public place (where?)

Means of Injury

Date signed 4/14/19

Injured at work?

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

					rog. Ditt. Horm.	***************************************
1. PLACE OF DEATH: Baltimore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	nother)		
Overles			Stale		more	
City or town			Overlea			
New long in above place of death?			City or lowe			
Hospital, Institution or	Beimar	eath occurred:		street No. 4302 Belma		
AUUF	DOTING!	EAG .	***************************************	(If rural, give)		• 000 000 000 000 000 000 000 0000
How long in hospital o	r Institution?	************************	***************************************	2.(a) If veleran, name war	***********************	
3. (a) FULL NAM	E				3. (b) Social Security	N
0. (0) 2.000		JOHN I	H. REICHHARDT		3. (0) Social Security	Humber
4. Ser	5. Color or race	6.(a) Single, ma	rried, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married			
				20. BATE OF DEATH		
6.(b) Name of husband	or wife Lau	ra E. F	Reichhardt	21. I CERTIFY that death occurred on the date above	re stated; that I attended dece	eased from
			***************************************	June 6 196	to april	9 19 45
7. Righ date of		6.(c) If	alive, give ageyears	and that I last saw h. I.Malive on Capa	il 8	19 45
deceased (mo., day,)		20/1859	3			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
85	3	19	hrsmin.	artiriosilirot		
	7-748			Heart Du	MIN	пирионя
9. Birthplace	Baltimore	, Md.		Due to	***************************************	
	(Town, e					
1D. Usual occopation	None			0 - 1-		
11. Industry or busines				946 to		** ************************************
	ottleib C	. Reich	hardt	11. 11. 11. 11.	a shoto a tette	** ************************************
E 12. Rame			Other conditions		4- 6	
			(Include pregnancy within 3 m		muchows	
14. Maiden name. Barbara Boehm S 15. Birthplace Germany			(Include pregnancy within 5 m	onths of death;		
To and the same.	German	v		Major findings of operations	,	• • • • • • • • • • • • • • • • • • • •
≥ 15. Birthplace		•			Date of op	
Mr. Charles F. Reichhardt			Autopsy results			
4302 Belmar Ave.			PHYSICIAN: Please underline the cause to whi	ich death shoold he charged	statistically.	
Address			22. VIOLENCE: If death was due to external caus	ses. fill in the following:		
Burial Burial Date thereof 4/12/45 (Burial, cremation, or removal, Which?)			Accident, suicide, or homicide,			
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)						
Cemetery or crematory Moreland Memorial Pk.			Where did injury occur?(City or town)	(County)	(State)	
Baltimore. Md.			Injured at home, farm, industry, public place (wh			
WM.J. TICKNER & SONS				Injured at work?		
18. Funeral director			Means of injury	INTRION ST MOLES.		
Address Balto., Md.			1. 1	7-		
AUDIESS / h.l // c.a			23. SIGNATURE Security	Keereye M. D.		
10 4/11 45 6:40 Hederel			110-011	M. D.	or other	
(Date ree'd by re	gistrar)	A	Registrar	Address 4808 Harford	Date signed.	7/10/ 73

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

VS A15

PLEASE

CERTIFICAT	TE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Gily or town	State Maryland county Baltimore City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)
Branch, Md. Tuberculosis Sanatorium.	Streel No
How long In hospital or Institution? O. yrs., O. mos., 21 days.	2.(a) If veteran, name war
James A. Reitz	3. (b) Social Security Number 214-07-0693
Male 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATHApril 4,
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from March 14.9 19.45 to April 4.9 19.45. and that I last saw h i Malive on April 4.9 19.45.
8. AGE: Years Months Days If less than one day 35 10 1	Acute Miliary Tuberculosis 2 mos.
9. Birthplace Bond, Maryland (Town. county, and state) 10. Usuat occupation Laboratory Technician 11. industry or business	Oue to. Tubercle Bacilli
12. Name Alex Reitz 13. Birthplace Pennsylvania	Other conditions Tuberculous Nephritis, 6 yrs. Tuberculous Cystitis, Tubercu- (Include pregnancy within 3 months of death) Tous Prostatitis
14. Malden name Jennie Anderson 15. Birthplace Sweden James A Reitz	Major fiedings of operations
16. teformact James A. Reitz Address Mount Wilson, Maryland	Actopsy resolts PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
Burial Burial Bate thereof April 7, 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Rose Hill Cemetery Location Cumberland, Maryland	Where did injury occur?
18. Funerat director Wm. J. Tickner & Sons	Means of injury Injured at work?
Address North & Pa. Ave., Balto., Md. 19. April 4. (Date rec'd by registrar) 19. 45 Cal 7. Welster Registrar	23. SIGNATURE Sewart & Suaffer M D. or other Address. Mount Wilson, Md. Bate signed 4/4/45

APR 13 1945
BUREAU V S.

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VS A15

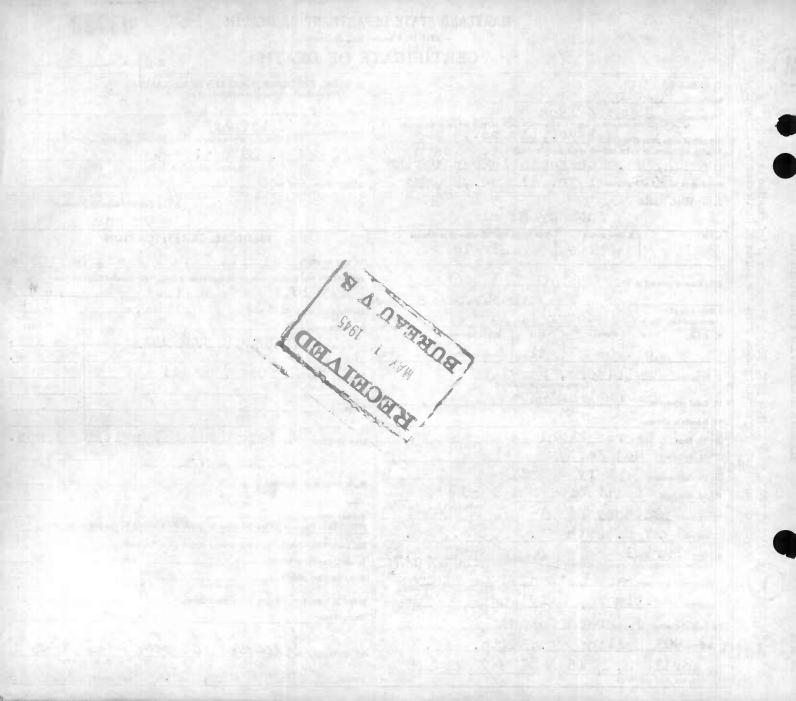
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-8)

CERTIFICATE OF DEATH

Reg. Diat. No.3.2

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Mount Wilson	state Maryland county		
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr., 11 mos., 5 days	Raltimore		
How long in above place of death? 1 yr • 911 MOS • 90 QAYS	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium	street No. 327 E. 28th Street		
	(If rural, give LOCATION)		
How long in hospital or institution? 1 yr 11 mos 5 days	2.(a) If veteran, name war		
3.(a) FULL NAME Anthony Riehl	3. (b) Social Security Number		
] # Unknown		
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. April 22, 19.45 at 9:45 Am		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6 (e) If allua give age	May 17, 19 43 to April 22, 19 45		
7. Birth date of deceased (mo. day, vr.) October 1, 1898	and that I last saw h im alive on April 22, 19.45		
accepted (mod any year)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 2 yrs.		
46 6 21hrsmin.	8 mos.		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Tubercle Bacilli		
10. Usual occupation Bench Hand			
	Due to		
11. Industry or business			
12 Name George Riehl 13. Birthpiaco New Jersey	Other conditions Tuberculous Laryngitis 3 mos.		
14. Malden name Mary Reahl	(Include pregnancy within 8 months of death)		
E 14. Malden name	Major findings of operations.		
14. Malden name Mary Reahl 15. Birthplace Baltimore, Maryland 16 leformant Anthony Riehl	Date of op.		
16. Informant Anthony Righl	Autopsy results.		
Address 327 E. 28th St., Balto., Md.	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Barial Date thereof April 25, 25 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
cemetery or crematory. New Cathedral Cemetery			
	Where did injury occur?		
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Fueeral director J. Frank Cowan	Means of injury Injured at work?		
Address 901 Hollins St., Balto., Md.	23. SIGNATURE Stewart Shaffer in D. M. D. or other		
	23. SIGNATURE/ M. D. or other		
19. April 22, 19. 45 Earl T. Webster. (Date ree'd by registrar) (Date ree'd by registrar)	Address Mount Wilson, Md. Oate signed 4/22/45		



The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

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CERTIFICATE OF DEATH

v. Dist. No. 33

						Aug. Dist. No	
1. PLACE OF I					2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
county Balto.			State County County				
City or town							
			City or town. Frostourg	s, write RURAL and give i	nearest town)		
			Street No				
	or Institution?	_			(If rural, give		
3. (a) FULL NA		•••••••	***************************************	***************************************	2.(a) If veteran, name war		
J. (u) POLL NA		n Ric	hard Rizer			3. (b) Social Securit	ty Number
4. Sex	5. Color or race		Single, married, widowed, or divorce	ed 1			
						ERTIFICATION	
Male	White	1 8	ingle		20. DATE OF DEATH. 4-27	19. 24	et /2:50PM
B.(b) Name of husba	nd or wife		***************************************		21. I CERTIFY that death occurred on the date abo	ve stated; that I attended de	eceased from
and the state of t			6.(c) If elive, give age	Vegra	19		
7. Birth date of deceased (mo., da	35	17,19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that I last saw halive on	C	19
	ars Months	Days			Immediate cause of death		DURATION
7	11	10		min.	2 nd Degree Bur	ne.	4 /2 lis
	Unacthun	~				A-0.	*****
8. Birthplace	TOS LDEIT (Tov	rn, county, s	ind state)		Due to Scalded in 1	up.	Zaaaaaaa
10. Usual occupatio	Inmate	at sc	hool		***************************************		000000000000000000000000000000000000000
11. Industry or busin					Due to	***************************************	*****
	Richard	T.Riz	er		Other conditions 2 Line	***************************************	***************************************
	Maryland						****
	Pasth	Slee	man		(Include pregnancy within 3 n	months of death)	*****
14. Malden cam	Maryla	*************					
-					2032	Date of op	****************************
18. Informant	TITEM	1107	Wagards:		Autopsy results		
Address Ros	ewood S	Schoo	1 Quings N	Juls	PHYSICIAN: Please underline the cause to wh		ed statistically.
17 Bur.	3)	Nata	thoron 4 30	44	22. VIOLENCE: If death was due to external cau		11-47-115
(Burial, cremation, or removal, Which?) Date thereof. 4 30 41 (month) (day) (year)			rear)	Accident, suicide, or homicide	Date of		
Cemetery or crem	atory Vot	Da.) a ge		Where did injury occur? O. (City or town)	(Connty)	(State)
Location	1.e.5.274.	y Co	L M		Injured at home, farm, industry, public place (wh	here?)	Salvel
18. Funeral director.	J.J	C, A	Vujs		Means of Injury Scalded in	Zeef injured at work?	no.
Address	WO	1-	stburg		9 9 5	les -	2, 9
- 11		/	8 50		23. SIGNATURE & D. Gay	М. І), or other
19. (Date rec'd by	7	S		Registrar	Address Reinterstown	w Me note stone	4-27-4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8970

03735 P

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME **Color or race S. (a) Single. married, widowed, or divorced **Temple White Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. CHARL / 2 1945 at 10104 M
8.(b) Name of husband of wisher Laul Rosch B.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) April 12 4 1887	20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to Office 19.45 and that I last saw h. 2. alive on Office 19.45
8. AGE: Years Months Days tf less than one dayhrsmin.	Immedicance of feath Securitage 12 days.
9. Birthplace	Due to.
12. Name William Goung 13. Birthplace Unknown	Other conditions
E 14. Malden name	Major findings of operations.
14. Malden name	Date of op.
18. Informant Michael Roseh ageron	Autopsy results
17. Bund to the control of the contr	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory 6 LEA NA JED	Where did injury occur?
Location D. L.E. J. B. M.R. D. L. D. M.R. D. L. D. M.R. D. L. D. M.R. D. L. D. D. M.R. D. L. D.	Injured at home, farm, Industry, public place (where?)
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURY M. D. or other Mdros O. 8 Hulles Juny R. J. Date signed 4//2/48

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

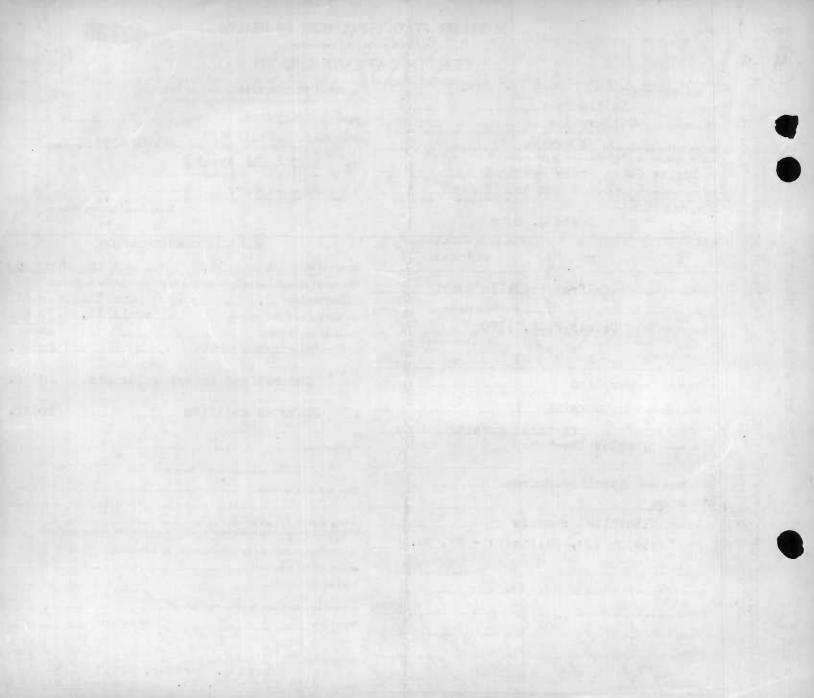
03736 P
Reg. Diat. No.3.D

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Catonsvilla (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 months, 17 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 4 months, 17 days			
3.(a) FULL NAME Susie A. Ruby	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHApril 18.		
8.(b) Name of husband or wifeAlfred Franklin Ruby	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Docombor 1		
8. AGE: Years Months Days If less than one day 74 3 21 hrs	Immediate cause of death DURATION		
9. Birthplace	Due to		
Address Catonsville, Baltimore - 28, Md. 17	Autopsy results		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

03737 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore	State Md. County Balto.
(If outside city or town limits, write RURAL and give nearest town)	11
How long in above place of death?	(11 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Cromwell Bridge Rd.
	(If rurni, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Gertrude Prussell 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female White Widowed	20. BATE OF DEATH. April 12 th 19 45 at 3 - A. M
6.(6) Name of husband or wife. Charles H.	21. I CERTYY that death occurred on the date above stated; that I attended deceased from
Pussell 8.(c) if alive, give age years	\$7000 1043 po While 1940
7. Birth date of deceased (mo., day, yr.) July 10 to 1857	and that I last saw he alive en
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
87 9 2hrsmin.	Mall Demonstration of the second
	f f
9. Birthplace Balto Ca Md. (Town, county, and state)	Duo ton
10. Usual occupation at home	WWW. J. C.
11. Industry or business	Due to
	Other conditions
13. Birthplace Germany 14. Malden name Sorra Guy ton	(include pregnancy within 3 months of death)
E 14. Malden pame	Major findings of operations.
15. Birthplace	Oate of op.
16. Informant Mrs, Geo. P. Isonnech	Autopsy results
Address Glenarm Md.	
17. Burial (Burial cremation, or removal, Which?) Date thereof 4 15-45- (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
	Accident, suicide, or homicide
Cemetery or crematory Wangh Chapel	Where did injury occur?
Location Balton Co. Md	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Lagsahn Ferreral Home	Means of Injury trijured at work?
Address 7401 Belain Rd.	1871 mAlando
4/12/vr NemAter moth	23. STUNATURE M. D. or other
19. (Wate rec'd by registrar) Ragistrar	Address / Shidwing along 4/12/45

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many administration of education that

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Ran CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore Baltimore Rosemont (If outside city or town limits, write RURAL and give nearest town) (If outside elty or town limits, write RURAL and give rearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Street No. 4002 washington St. death clearly (If rural, give LOCATION) 3 Days How long in hospital or institution?.... 2.(a) If yeleran, name war.... 3. (a) FULL NAME 3. (b) Social Security Number Edith Augusta Ryan 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 4. Sex item of i Widow Frank E. Ryan 7. Birth date of July 17, 1868 deceased (mo., day, yr.) If less than one day 8. AGE: 76 ADING INK. Physicians: pl Germany (Town, county, and state) 10. Usual occupation Home Duties 11. Industry or business ... John Opetz Germany 13. Birthplaco (taclude pregnancy within 8 months of death) Unknown 14. Walden name..... Major findings of operations..... 15. Birthplace Germany 16. Informant Mrs Helen Stoll PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 2738 Wilkens Ave. 22. VIOLENCE: It death was due to external causes, till in the following: Date thereof 4-24-45 (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur?(City or town) Loudon Park (County) Baltimore. Md Injured at home, farm, industry, public place (where?) Means of Injury

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-4)

DTIEICATE OF DEATH

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 3/
1. PLACE OF DEATH: County (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where peath occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State (If outside city or jown limits, write RURAL and gipe nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Arhanna La	3. (b) Social Security Number
Sex 5. Color of race (8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 1941
8. AGE: Years Months Days If less than one day Months Mo	and that Viast saw here alive on Office 15 to 19
9. Birthpiace	Due to
11. Industry or business 12. Name	Dither conditions
14. Maiden name. Illauchaf Suchaff 15. Birthplace 18. informant Assessed Suchaff	Major findings of operations
Address Warrist Date thereof Xmonth day) (Year)	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Alland Alland Location Alland Alland Alland	Where did Injury occur?
18. Funeral diplotor Andrews State S	23. SIGNATURE — E Martina M. D. or other M. D. or other
(Lance to a by Tegistrary	Address and allace and

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2411 N. Charles St., Baltimora 93-0

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CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUKAL and kive nearest town) How long in above piace of death? Hospilal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
Frederice Emanuel Sargeant	3. (b) Social Security Number 2,3-07-8676
4. Sex 5. Lolor or race L.(a) Single. married, widowed/or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 19 19 and that last saw h
16. Informant Mrs Melson	Major findings of operations
Address 700 7 St. Sp Poent 17. Butial Date thereof April 22 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory Oaklaun Location Eastern are Butto Ma. 18. Funeral director D. 2. Carring Land	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address 2/7/25st.	3. SIGNATURE DELICATION M. D. or other

Registrar Address 520

VS A15

(Dute rec'd by registrar) 19 45

The correct age

PLEASE WRITE PLAINLY, WITH UNFAPING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-

CERTIFICATE OF DEATH

er, Diat. No.

		CERTIFICA	IE OF DEATH	Reg. Diat. No.
	How long in above place of death?		City or town(If outside city or town lim	County
	3. (a) FULL NAME Dennis E.	Schott		3. (b) Social Security Number
	4. Sex 5. Loior or race	L.(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
	m w	Baby		29 19 75 at 12 a M
	6 (i) Normal hardens and		21. I CERTIFY that death occurred on the date a	
	6.(b) Name of husband or wite		agarif 26	9 75 10 april 29 19 45
	7. Right date of		and that I last saw halive on	
	deceased (mo., day, yr.) QCC ~	bays If less than one pay	Immediate cause of death	
	8. AGE: Years Months			
	6	2min.	Large The true hours	bronchstia 3daya
	9. Birfhplace 2412 Crown	county, and state)	Due to	
			Due fo	
-	11. Industry or business	R Call-H		
1	12. Name They done 13. Birthplace of ebno	DEMALL	Other conditions	
4		w. ra.	(Include pregnancy within	8 months of death)
	14. Malden name Chris	Time Brandt	Major findings of operatious	
	2 15. Birthplace Selv.	non la		
	16. Informant mis Ed	wards	Autopsy results	
	Address Frank K	Ed Sparrama Point	PHYSICIAN: Flease underline the cause to	which death should be charged statistically.
	1277000	200000000000000000000000000000000000000	22. VIOLENCE: If death was due to external of	causes, fill in the following:
	(Burial, cremation, or removal, Which?)	Date thereot (month) (day) (fear)	Accident, suicide, or homicide	Date of
	Cemetery or crematory Oak	ann	Where did injury occur?(City or town	(County) (State)
	Bart:	10 211d	Injured at home, farm, industry, public place	
	Location Location	7	Means of Injury	tniured at work?
	18. Funeral director	avinglass	.0 /	
	Address 2/ 7. 25	St. Dalto, Mis.	Des Clavarilles Offelia	La 11.1)
	5/1 45	(beekteden to	23. SIGNATURE	M. D. or other
	(Dete rec'd by registrar)	Registrar	Address Spanson of +	19 Med Date signed 4:30:45

1. PLACE OF DEATH County. Village or City.	30
Village or City	
Length of rasidence In city or town where death occurred	100-
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Courtie the word) Sa. It marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profassion, or particular side of work was done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SINK MILL, SAW MILL, BANK, etc. 10. Date decassed last worked et this occupation (month end spent) 10. Date decassed last worked et this occupation (month end spent) Say MILL, BANK, etc. 11. Total tima (years) Spent in this OCCUPATION Name of operetion. Date of Date of Name of operetion. Date of Name of operetion.	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Cwrite the word) Corp. Wife of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than Tormin. 8. Trede, profassion, or particular SAW PER, BODKKEEPER, etc. 9. Industry or business in which work was dong, as SPINNER, SAWPER, BODKKEEPER, etc. 9. Industry or Dustiness in which work was dong, as SINK MILL, SAW MILL, BANK, etc. 10. Date dacassed last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) League Language 13. NAME League Language 14. BIRTHPLACE (city or town) League Language Name of operetion. Date of Name of operetion. Date of	108
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 53. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or businass in whic	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNER, SAWYER, BODKKEEPER, etc. 10. Date dacassed last worked et this occupation work was done, as SIK MILL, SAW MILL, BANK, etc. 11. Total tima (years) spent in this occupation	d State
Sa. If marriad, widowed, or divorced HUSBAND of (or) Wife of Robert C. Schutz 6. DATE OF BIRTH (month, dey, and year) Sept. 11 1865 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEFER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacassed last worked et this occupetion (month end year) 12. BIRTHPLACE (city or town) Separation Coccupation. 13. NAME Secret Separation Date of Details and of operation. Name of operation. Date of DEATH end ralated causas of importance: 14. BIRTHPLACE (city or town) Secretary Separation. Name of operation. Date of DEATH end ralated causas of importance: Name of operation. Date of DEATH end ralated causas of importance: Name of operation. Date of DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance: North PRINCIPAL CAUSE OF DEATH end ralated causas of importance in this occupation. North PRINCIPAL CAUSE OF DEATH end ralated causas of importance in the control of the date stated above, at	
HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date daeaased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) Mean of operation Manuel George Level 14. BIRTHPLACE (city or town) Manuel George Level 14. BIRTHPLACE (city or town) Manuel George Level 14. BIRTHPLACE (city or town) Manuel George Level 15. Date of 19. D	, 19kr 4-5
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacassed last worked et this occupetion (month end year) 12. BIRTHPLACE (city or town) Heorgatan, Wash, D. C. (Stata or country) 13. NAME Heorgy Schutz 14. BIRTHPLACE (city or town) Heorgatan, Wash, D. C. (Stata or country) Name of operation. Date of Date date statad above, at	deceesed f
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) 13. NAME Means A SILK MILL, SAW, etc 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. Cause of importence were as follows: 17. Tha PRINCIPAL CAUSE OF DEATH end ralated causas of importence were as follows: 18. Trede, profassion, or particular work as follows: 19. Tha PRINCIPAL CAUSE OF DEATH end ralated causas of importence were as follows: 10. Date dacaased last worked et this occupation (years) 10. Date dacaased last worked et this occupation (month end year) 11. Total tima (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. Mare of operation 16. Date of Death end ralated causas of importence were as follows: 17. Ware of operation 18. The PRINCIPAL CAUSE OF DEATH end ralated causas of importence were as follows: 18. The PRINCIPAL CAUSE OF DEATH end ralated causas of importence were as follows:	; daath is
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12. BIRTHPLACE (city or town) Seorgetary, Wash, D. C. (Stata or country) 13. NAME Seorge Schutz 14. BIRTHPLACE (city or town) Securary Name of operation. Date of	he
12. BIRTHPLACE (city or town) Seorgetary, Wash, P. C. (Stata or country) 13. NAME Seorge Schutz 14. BIRTHPLACE (city or town) Sermany Name of operation Date of	of
13. NAME George Schutz 14. BIRTHPLACE (city or town) Germany Name of operation Date of	
14. BIRTHPLACE (city or town) Germany Name of operation Date of	
(State or equation)	
What test confirmed diegnosis? Wes there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 23. If daath was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? 18. Dete of injury 19. City or county)	g:
O 16. BIRTHPLACE (city or town) Dete of injury Occur? (State or country) Where did injury occur?	, 19
Where did injury occur? (Specify city or town, county and Sia Spacify whether injury occurred in HADUSTRY, in HOME, or in PUBLIC PL (Address) Below Md. vs. Little Allegane.	IIe) LACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Manual Memorial Date 4-2 P , 19 40 Neture of injury Neture of injury	
19. UNDERTAKER John C. Miller I ne. 24. Wes disease or injury in any way releted to occupation of deceased? A classes of the control of the c	A.O.
20. FILED 4/27, 1945 Quelle die (Signed) (Addrass) F. Q. M. Mary (Addrass) F. Q. M.	As !

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfulfy employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

03743

CERTIFICATE OF DEATH

	2411 N. Charle	a St., Baltimore	()3/43	
•	CERTIFICAT	E OF DEATH	Reg. Diat. No.	4
1. PLACE OF DEATH: - C. County		2. USUAL RESIDENCE (HOME) (For newborn infants give residence) State City or town	County Backa	town)
Hospital, Institution, or street address where death occurred:		Street No.	rivo LOCATION)	
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NAME Lester Lew	is Sha	w	3. (b) Social Security Num 2/8-01-/5	
	, widowed, or divorced	MEDICAL 20, DATE OF DEATH	CERTIFICATION 7- 45 19 19 19	M
B.(b) Name of husband or witeReublina	С.	21. I CERTIFY that death occurred on the date	above atated; that I attended deceased t	rom
7. Birth date of deceased (mo., day, yr.) any 3 90	give ageyears	and that I last saw halive on		
37 8 18	ss than one dayhremln.	D. Mouring,		
9. Birthplace		Due to		
10. Usual occupation	Steel	Due to		
12. Name James P. Sha 13. Birthglace 14. Malden name Minnus Lee 15. Birthplace 16.	0	Other cooditions		
14. Malden name. Minnus du l	Butter	(Include pregnancy within		******************
	c Shaw	***************************************	Date of op	
Address 3 3 Y Jovies 8 Ra	V. SP. PE.	Actopsy results	which death should be charged statis	tically.
(Burial, dremstion, or removal. Which?)	(month) (day) (year)	22. VIOLENCE: It death was due to external Accident, aulcide, or homigide.	Date of	145
Commetery or crematory	Virginia	Where did injury occur?	(where?) Das u	ato)
18. Funeral director William Con	La Comer	Means of injury Ill from	Doal Injured at work?	100-
19. 4-18-1945 P	Registrar	23. SIGNATURE AND THE ENERGY AND THE STATE OF THE PARTY O	Law. Balto CM D. par 2- nud Bale signed to	1/12/45

2411 N. Charles St., Baltimore 137-0

03747

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town				Siale Maryland County			
City or town(11	outside eity or town li	mits, write	RURAL and give nearest town)	4.	1		
Unw Inne te ahove nia	ce of death? 63	Days	······································	City or lows. Glen Arm (If ontside city or town limits, write RURAL and	d give nearest town)		
Hospital, Institution,	or street address where	death occurr	ed:	Sireel No. R.F.D. #2			
Vets. Adn	. Pac. For	t. Howe	ard, Maryland	(If rurnl, give LOCATION)			
How long in hospital	or Institution?63	Days	***************************************	2.(a) If veteran, name war.			
3. (a) FULL NAM	ME			3. (b) Social S	Security Number		
		LLIAM	D. SHIELDS		I I I I I I E E E		
4. Sex	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CERTIFICATION	ON		
Male	Colored		Married	2D. DATE OF DEATH April 9, 1	45 9.00 P.		
B.(b) Name of hyspag	for wife Mis	souri	Shields	21. I CERTIFY that death occurred on the date above stated; that I atte			
			(c) If alive, give age	February 5, 19 45 to April 9, 45			
7. Birth date of		25-89		and that I last saw h im alive on April 9,	19.\$Q		
deceased (mo., day		Days	If less than one day	Immediato cause of death			
8. AGE: Yea				Uremia, Chronic	24 Days		
5.		15	hrsmin.		***************************************		
9. Birthplace Maryland (Town, county, and state)				Due to Pyelonephritis	20 Days		
J. Diffupiecc	(201124)		i stnte)	Pyemia			
1D. Usual occupation	Unemplo	yed		Due lo Suprapubie prostatectomy			
11. Industry or busin	ess			200 1000			
# 10 x JO	hn Joyce			Dither conditions Prostatic hypertrophy	Undet.		
12. Name. JO	Mervland	***************************************		Chr. prostatitis and cystitis	10		
13. Birthplace				General (Lancer por al Arter 1080)	rosis 27 Yrs.		
본 14. Malden nam	? Abbot			Major findings ol operations.			
14. Malden nam 15. 8irthplace	Maryland			Date of			
	inical Reco	rde.	Vets. Adm. Fac.	Autopsy results			
16. Informant	Fort Howard	Mer	vlend	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Fort Howard, Naryland Date thereof			y rouse	22. VIOLENCE: If death was due to external causes, fill in the following;			
			ereof 4-13-1947	Accident, suicide, or homicide			
Cemetery or crem:	atory Pleasa		wreens;	Where did injury occur?(City or town) (Connty) (State)		
Location Townson Balto-Co, mal			-co, ma	Injured al home, farm, Industry, public place (where?)	**********************		
			Wed what	Mesns of Injury tojured at	work?		
18. Funeral director Byron & Mamie Wright				3/m/	1		
Address	721 Also		St., Balto., Md.	B3 SIGNATURE / / (MVM2)	3		
			01111	TAZA. SINAM UN C A	***************************************		

Registrar Addres Ft. Howard, Md.

WITH UNFADING INK. Supply every item of information carefully. The correct age important, Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED PLAINLY, V is especially

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HE 2411 N. Charles St., Baltimore CERTIFICATE OF DE Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city of How long in above place of death?. Hospital, Institution, or street address where death occurred: tion care. (If rural, give LOCATION) How long in hospital or institution? 2.(a) if veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or rate MEDICAL CERTIFICATION BINDING ath occurred on the date above stated; that I attended deceased from RESERVED FOR 7. Birth date of and that I just saw h.....allye on deceased (mo., day, yr.) DURATION Immediate cause of death Days If less than one day 8. AGE: Months 10. Usual occupation Due to 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Major fiadings of operations ... PLAINLY, vis especially Antonsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Date fhereof ... Accident, suicide, or homicide... (month) (day) (year) (Burkal, cremation, or removal, Which?) Where did injury occur? ... (Clty or town) Cemetery or crematory (Connty) (State) Injured at home, farm, industry, public place (where?) ... tnlured at work? 18. Funeral director. (Date rec'd hy registrar)

RECEIVED MAY 2 1945 BURHA 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

The correct age

legibly.

ly every item of information carefully write the causes of death-clearly and

Supply every

cians: please

important.

PLAINLY, vis especially

WRITE

PLEASE

11. Industry or business

13. Birthplace

14. Malden name.

	Reg. Dist. 146
1. PLACE OF DEATH: Baltimore, County Baltimore, City or town. Towson, 4, Md. City or town. Towson or town limits, wright RURAL and give nearest fown) How long in above place of death? Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson, 4, Md. How long in hospital or institution? **Row long in hospital or institution?** **Row long in hospital or institution.**	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Ella Man Shurans	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marrial, widowed, or divorced F W Musued	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 25 1945 A
8.(6) Name of husband or wife Essight Shings. 7. Birth date of deceased (mo., day, yr.) Warch 2/, 1919	and that I last saw h
8. AGE: Years Months Days If less than one day 4	OF SC 41/4

	Birthplace (Town, county, and state)
	(Town, county, and state)
10	. Usual occupation

4.28-45

(month) (day) (year)

Personal History - Hospital Records Address Eudowood Sanatorium. Towson. Md.

17 Sure (Burial, cremation, or removal, Which?)

Address Towson, 4. Maryland. Date signed.

injured at home, farm, industry, public place (where?) ...

(Include pregnancy within 8 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide.....

Where did injury occur? .. (County) (City or town)

Injured at work? Means of Infury

The

10. 11. FATHER

17 (a)

19 (a)

16 (a) Informant_.

18 (a) Funeral director

(Burial, cremation, or removal)

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No.

		CERTIFICATE	OF	DEAT	H
1. PLACE OF DEATH:		112	HUME	(USUAL RE	2011

1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in this community (yrs., mos., or days) 3 (a) FULL NAME Barnot Aklan	2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State Margaret County (c) City or town Substituted (If outside city or town limits, write RURAL and glaytown) (d) Street No. 60 Moreland (We) (If rural give location) (e) If foreign born, how long in U. S. A.? years		
Barnet Sklar			
3 (b) If veteran, name war 3 (c) Social Security No.	MEDICAL CERTIFICATION 20. Date of death April 2, 1975, at 12 PM		
4 Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. In aured 6 (b) Name of husband or wife Besture Belar 6. (c) If alive, give age 73 years	21. I certify that death occurred on the date above stated; that I attended deceased from March 26, 19 44, to April 7, 19 45, and that I last saw him alive on April 7, 19 45. Immediate cause of death Duration		
7. Birth date of deceased (mo., day, yr.) June 15, 1872			
8. AGE: Years Months Days If less than one day 72 9 22hrmin.	Due to Oulmonary Debereulous 18 mos		
9. Birthplace Questia. (Town, county, and state) 10. Usual occupation Lailar	Other conditions PHYSICIAN		
11. Industry or business	(Include pregnancy within 5 months of death)		
E 0 1 110	Major findings: Underline the		
E 12. Name Jacob Stelas	Of operations cause to which		
13. Birthplace Pussia	death should be		
E 14. Maiden Name Dova ?	Of autopsy charged statistically.		
S 15 Birthplace Person	22. If death was due to external causes, fill in the following:		

(a) Accident, suicide, or homicide Beating

(ngonth) (day) (year)

Registrar

(b) Date of occurrence ____.

(c) Where did injury occur?_.

(City or town) (County) (d) Did injury occur about home, on farm, industrial place, in public

...While at work?... place?_ (Specify type of place)

(e) Means of injury__

3. Signature

manuSt

RECEIVED

MAY 3 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

03748 Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
County Baltimore				
City or town Catonsvilla (If outside city or town limits, write RURAL and give nearest town)	State Maryland County			
How long in above place of death?4y.sars., 2. months., 24days	City or town Baltimore (11 outside city or town limits, write RURAL and give nearest town)			
Hospital, tostitution, or street address where death occurred:	Street No. 2439 North Charles Street			
Spring Grove State Hospital	(If rnrat, give LOCATION)			
How long in hospital or institution?4ye.ar.s.,2	2.(a) tt veteran, name war			
3.(a) FULL NAME Margaret L. Spellman	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
f w divorced	20. DATE OF DEATH			
77	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(6) Name of husband or wife Howard Spellman	19			
7. Birth date of	and that I last saw halive on			
deceased (mo., day, yr.) November 8, 1888	Immediate cause of death			
8. AGE: Years Months Days It less than one day	acute Cardiac Jaline			
56 4 28hrsmin.				
9. Birthplace Pennsylvania (Town, county, and state)	Due to. O Messarana			
10. Usuat occupationsalaswoman	Due to. And Secolar Staff			
11. industry or business Read's Drug Store	Shalle.			
# 12. Name Vincent Lawrence	Other conditions Sudden death			
12. NameVincent.Lawrence	kng in			
14. Malden pame Veronica Marshall	(Include pregnancy within 3 months of death)			
14. Malden came Veronica Marshall 15. Birthplace Pennsylvania	Major findings of operations			
16. Interment Hospital records	Autopsy results.			
Address Catonsville, Baltimore - 28, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.			
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: tf death was due to external causes, fill in the following;			
(Bnrial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide. Selection Date of Mich 31-43			
Cemetery or crematory	Where did injury occur?			
Location New Office Pa.	Injured at home, farm, industry, public place (where?)			
18. Funeral director N. 9. Tesses	Means of Injury Michael Means of Injured at work?			
Address & an over Pa.	Me Anti- 11 St. a			
19. 45 1945 N.C. andreas	23. SIGNATURE. M. D. or other			
(Date rec'd Wregistrar)	Address Of Theede and Date signed of the signed			

RECEIVED APR 30 1945 BUREAU V.S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934



CERTIFICATE OF DEATH

03749

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Taltimore	(For newborn infants give residence of mother)
City or town Cockeysmile He	State MA County Transford Co.
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
7.	Street No
Massuc Vine	(If rural, give LOCATION)
How long In hospital or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mis Harry June Spince	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. 0. M. F. M.	Obil 200 45 1240
Di Million 1	20. DATE DF DEATH Affaired 220 19 45 ald de
6.(b) Name of husband or wife the the think the think said Spile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Det 1 19.37, 10. There 2 19. 4.
7. Birth date of	and that I last saw h. A. M. alive on Confederation 19. 15. 15. 15.
R ACF. Years Months Days If less than one day	Immediate cause of death
6. AGE.	
79 /0 21hrsm	in. Cardias Decompensation
9. Birthplace Harre De Grace Med,	Due to 5 days
(Town, county, and state)	Historianic Cardio
18. Usual occupation.	Pro to 1 Wassulas Desease 8 400
11. Industry or business	100 30 cm/c confidence that the other transfer the confidence of t
12. Name John adams 13. Birthplace Sentern Shore Ind	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name Katharina Modhous 15. Birthplace Port De Porit, Mul.	Major findings of operations.
15. 8 ritholace Post De Posit Mil.	major hadings of operations. Date of op.
16. Informant Add Add Add Add Add Add Add Add Add Ad	Autopsy results
Address However Fine Cochupra	
17 Burice Date thereof afre 2 - 40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory TT Mary	Where did injury occur?
8 to (D)	Injured at home, farm, industry, public place (where?)
Location Adult Adult	Means of injury Injured at work?
18. Funeral director	means of fajury liquide at work!
Address 1512. Holling St	Della Salla M. W.
20	23. SIGNATURE M. D. or other
Apr. 23, 45 Wilmer C. Ensor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Date rec'd by registrar) Registr	rar Address Date signed



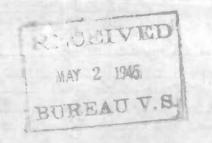
PLEASE WRITE PLAINLY, WITH UNITALING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0)

03750

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: . County Butture County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State /////// County Della
How long In above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. (27 Talls Plants) (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Solve Summa Aguerell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Col. married	20, DATE OF DEATH WARNING 20, 1945 at 114A
8.(6) Name of husband or wife Norths Price Agrees	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death Aumonstrage, left 2/2 les
9. Birthplace Carroll Co. 2014 (Town, county, and agate)	Due to Happertensian link
10. Usual occupation	Due to arterosclerosis Unis
11. Industry or business	
12. Name Ja Sept Sealt	Other conditions
13. Birthplace Maryland 14. Maiden name Mary Calla	(Include pregnancy within 8 months of death)
14. Malden name. Many 15. Birthplace Maryland	Major findings of operations.
16. Informant H. Price Sourcell	Autopsy results
Address 6228 Falls. Road Balto 9 med	PHYS1C1AN: Flease underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof. (Moorth) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following; // Accident, suicide, or homicide
Cemetery or crematory Winders Chapter Chapter	Where did injury occur?
Location Russ Mean West Marister Me	Injured at home, farm, Industry, public place (where?)
18. Funeral director L. S. Maghella Da	Means of Injury Anjured Art work?
Address westmingtes mysty	23. SIGNATURE LOCLING. KubemMD. D.ME.
19. (Daty ree'd by registrar)	Address Trwson 4. M. Bate sterned 4/20/45



2411 N. Charles St., Baltimore 782

CERTIFICATE OF DEATH

=03751 Reg. Dist. No. ...30

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or town	" Reltimore		
How long in above place of death? 5 years, 8 months, 28 days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital	Street No. 3027 Fendall Road		
	(If rural, give LOCATION)		
How long in hospital or institution? 5 years, 8 months, 28 day	Y.S 2.(a) If veteran, name war.		
3.(a) FULL NAME Ada Stahler	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
f w widowed			
	20. DATE OF DEATH. April 4, 19.45 3:00 P.		
6.(b) Name of husband or wife Frank C.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	JULY 7. 19. 35 to APILL To 19. TV		
7. Birth date of	and that I last sawh <u> </u>		
deceased (mo., day, yr.) May 27, 1874	Immediate cause of death		
3. AGE: Years Months Days If less than one day	Chronic myocardial insufficiency 10 hrs.		
70 10 8hrs			
BirthplacePannsylvania(Town, county, and state)	Tudas		
10. Usual occupation housework	Due to		
11. Industry or business OWN home			
12. NameWilliam Wells	Other conditions		
12. NameWilliam Wells 13. Birthplace Pennsylvania	(Include pregnancy within 3 months of death)		
E Rechel ?			
14. Maiden name Rachel ? 15. Birthplace Pennsylvania	Major fiadings of operatious		
18. Informant Hospital racords	Autopsy results. As above		
Address Catonsville, Baltimore - 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Removal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory			
Location Frenchtown N.J.	Tallward of work?		
18. Funeral director William J. Tickner & Sons	Means of Injury Injured at work?		
Address North & Pennsylvania Aves	16/		
, 2// ,	23. SIGNATURE ROBERT E. Gardner, M.D. M.D. or other		
19. (Date rec'd by registrar) 19 45 Deputy focal Des	Robert E. Gardner, M.D. 4/4/45		
(Date rec'd by registrar) Deauty forcal person	Address Baltimore - 28. Md. Date signed 4/4/45		

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important. VS A15

The correct age



MARGIN RESERVED FOR BINDING

ADING INK. Supply every stem of information carefully. The Physicians: please write the causes of death clearly and legible

PLAINLY, WITH VINF is especially important.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

03752

			2	7
Reg.	Dist.	No.	 7	L

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Julian State County	had-		
(If outside city or town limits, write RURAL and give nearest town)	State County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
Masonie Home	Streef No. 32 (If refrai, give LOCATION)		
	1		
	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
AND AND SE	MEDICAL CERTIFICATION		
Hemale Mills Hedon	2D. DATE OF DEATH LEAST 19 4 5 at 11 Can		
Tolor of the	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8.(b) Name of husband or rule . The state of	Mar 13 19 43, 10 While 1 19 45		
8.(c) If alive, give age years	10 Maria 10		
7. Birth date of deceased (mo., day, yr.) Die- 166 - 1864	and that I last saw h. alive on Africal 14 4 19 45		
account (med as))	Immediate cause of death		
0. 702.	Mremus Idus		
80 3 28nin.			
8. Sirihpiace Tous (Town, county, and state)	Bus la		
8. 6irthplace. That the (Town, county, and state)	Out to		
10. Usual occupation	Carabille Dellanglindelle 2 hours		
10. USU21 OCCUPATION	Due to.		
11. Industry or business	Indes Timal Maleymancy a Mouth		
12. Name Andread State Solar Confession of the State of t	Other conditions		
12. Name Association Shall Control of the Stermany			
M 2000	(Include pregnancy within 3 months of death)		
E 14. Maiden name 11 both and	Major findings of operations.		
15. Birthplace Germany	Date of op.		
Sand he delete			
16. Informant	Actors results		
Address Hassine Home			
17 Burial Date thereof afecil, 18, 45,	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation, or removai. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Annulaum	Where did injury occur?		
Ta 1+ Qual			
Location Shapelland The The Control of the Control	Injured at home, farm, Industry, public place (where?)		
1 Bused by	Means of Injury Injured at work?		
18. Funeral director			
Address 15/2 Tholling 1	Johnson Shirman M. D.		
April 16 45 Wilmer C.Ensor	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address 2424 Cutaux Character signed 4/14/45		

HEATE TO READERED

DECEMBER OF THEMPSELOWS STATE OUR INCOME.



03753

28

CEDTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.	
1. PLACE OF DEATH: County City or town (It outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred: Row long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	
4. Sex 5. Color nr race 6.(a)Single, married, widowed, or divorced Hadow	MEDICAL CERTIFICATION 20. DATE DF DEATH. CONSIDER 10 1945 at 10	
6.(b) Name of busband or wife. 6.(c) If alive, give age years deceased (mo., day, yr.)	21. I CERTIFY that seath occurred on the date above stated; Ibal I attended decreased from 19.5 to 19.6 and that I last saw h	
8. AGE: Years Months Days If less than one day	Due to Call Alle Alle Office - Francisco of death of the second of the s	
10. Usual occopation. 11. Industry or business, EX 12. Name	Due lo. Other conditions DIA Notes Millions 7/8	
14. Maiden oame Service Service	(Include pregnancy within 3 months of death) Major findings of operations	
Address 1548 Morth gatte Road	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due lo external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Cemetery or crematory Location	Where did injury occur?	
18. Funeral director Allant Address 2004 & C. Aslaum Or	Means of Injury Trijured at work? Trijured at work?	
19. (Dato rcc'd by registrar) 19.48 Q W Reducel Registrar	Address 5 2 1 10 R Date signed 1 1 1 1	

PLEASE WRITE PLAINLY, WITH UNFAMING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 95-7

3. (b) Social Security Number

CERTIFICATE OF DEATH

1 PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Baltimore State Maryland (If ontside city or town limits, write RURAL and give nearest town) Baltimore
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 8 days Hospital instillution, or street address where death occurred: 2395 Edmondson Avenue Spring Grove State Hospital (If rurai, give LOCATION) How long in hospital or institution?...... 8 days

3. (a) FULL NAME

9. Birthplace.....

(Data red by registrar)

4 Sex

of death cle

FOR BINDING

ARGIN RESERVED

William Sultan

6.(g)Single, married, widowed, or divorced 5. Color or race

single m 6.(b) Name of husband or wife ---

B.(c) If alive, give age years 7. Birth date of deceased (mo. day, yr.) July 19, 1867

If less than one day Years 8. AGE: 77

Maryland

(Town, county, and state) 10. Usual occupation gardner

11. Industry or business private homes

Yalentine Sultan

13. Birthplace Germany

14. Malden name... 14. Maiden name Dorothea Keppler Germany

18. Informant Hospital records

Address Catonsville, Baltimore - 28, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19. 19.45 at 1:20 Am

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 11. 19.45 to April 19. 19.45 and that I last saw h im alive on April 19. 19.45. Immediate cause of death

Chronic myocardial failure Before Que to Arteriosclerotic cardiovasqu'lar ... Indef. disease

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

Where did injury occur? (Charlor town)

a injured at home, Farm, Industry, public place (where?)

Robert E. Gardner, M.D. M. D. or other Registrar Address Baltimore 28 Md Date signed 4/19/45

S

PLAINLY, is especially

The correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

03755

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		state Maryland County Baltimore			
City or town		wn)	Commit		
			**************	City or town	RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:					
		Street No			
How long in hospital or institution? None		2.(a) It veteran, name war			
3. (a) FULL NAM	E				2\ C1 C N 1
		D -1	~ .		b) Social Security Number
			Sutc	n	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICAL CERTI	FICATION
Male	White	Widower		20. DATE OF DEATH. April 23,	19 45 at 1 p.
	Ma	ry B.Sutch		21 I CERTIFY that death occurred on the date above states	
6.(0) Name of husband	Of Wite			march. 1 st 1845	10 apr. 20 19 XI
7. Sirth date of		years	and that I last saw h alive on age		
deceased (mo., day,	yr.) Aug	ust 11.1860			
8. AGE: Years	Months	Days If less than one day		Immediate cause of death	DURATION
64	7	12 hrs.	min	Pourse ha The	
		12 mile 14 0 10			
s. Birthplace Balt1more Maryland (Town, county, and state)			Due to.	***************************************	
Road Foreman		04.09	T\		
Politimone Co Md		Due to.			
115 Hilliants of Boomers			Mag Grandet		
E Destallance de la Maria de la Companya de la Comp			and	Other conditions	
			(Include pregnancy within 3 months of	of death)	
E 14. mainen name.			Major findings of operations		
\$ 15. Birthplace Baltimore Md.					Date of on.
16. Informant. Robert E. Sutch		Autopsy results.	A STATE OF THE STA		
Address Ten Mile House Hill? Garrison Md		PHYSICIAN: Please underline the cause to which death should be charged statistically.			
		22. VIOLENCE: tt death was due to external causes, till	In the tollowing;		
Burial (Burial, cremation, or removal, Which?) Bate thereof April 26, 45 (month) (day) (year)		Accident, suicide, or homicide			
Cemetery or crematory. Stone Chapel		Where did injury occur?			
		Where did injury occur? (City or town) (Connty) (State)			
Location Pikesville, Maryland		Injured at home, farm, industry, public place (where?)			
18. Funeral director Jack H. Newell		Means of Injury Injured at work?			
Addres Peresvelle, Maryland,		Chrone 16. Mogreso			
19 apr. 25 - 1845 Dr. D.E. Nichols		/1/ CO. 1 CL	M. D. or other		
(I) ite rec'd by registrar) Registrar		Address / L / U ~ n OV	Date signed 7 3 1		

HE DESIGNATION OF STRUCTURE STATE STRUCTURES OF STRUCTURES

RECHIEVE AND T. S.

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22 | Line e Construent | ac.

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Bond (anti-collection)

PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. The correct age is especially important. Physicans: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

03756

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville (If outside city or town limits, write R How long in above place of death? S years 2. Hospital, institution, or street address where death occurred Spring Grove State Hosp How long in hospital or institution? 6. years	months, 4 days	City or town Kennel IWor to (If ontside city or town limits, write RURAL and give nearest town) Street No. 1613 Bass Avanua (If rural, give LOCATION)		
3.(a) FULL NAME Alethea Sw	ve en ey	3. (b) Social Security I	Number	
4. Sex 5. Color or race 8.(a) Single	e, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of husband or wife	tf alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea February 7, 19 39, to April 1 and that I last saw h. Gr. alive on April 11,	sed from 19.45	
deceased (mo., day, yr.) January 20, 18 8. AGE: Years Months Daya 81 2 22	If less than one dayhrsmin.	Immediate cause of death	Indef.	
9. Birthplace		Due to	000000000000000000000000000000000000000	
14. Maiden nameIsabella Sharge	mt	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment	10 - 28, Md. 10 - 14 - 14 - 14 5 10 (month) (day) (year) 10 (manth) (day) (year)	Antopsy results	(State)	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

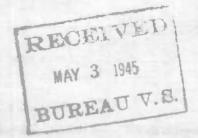
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13757

Reg. Dist. No....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	state Mary and county Dalfimore
How long in above place of death? XXS.	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Sireet No
How long in hospital or institution?	(Arrural, give LOCATION)
3. (a) FULL NAMÉ	
May Fredericka Trabert	3. (b) Social Security Number
4. Sex 5, Color or race 6.(a) Single, married, widowed, or divorced Fernale White Widow,	MEDICAL CERTIFICATION
remare will the land.	20. DATE OF DEATH April 1945, at 11. 45A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I lest saw h_CN_alive on
deceased (mo., day, yr.) (Nay 19, 1868.	Immediate cause of death
8. AGE: Years Months Days If less than one day	a (second) st
76 // Ohrsmin.	The 11160- 21160.
B-It was MA	All LLWEST LIPS:
9. Birthplace D. J. (Town, county, and state)	Due to
10. Usual occupation. Hanselmife	
	Due to
11. Industry or business Own home,	
12. Name Canyad Trulieb. 13. Birthplace Germany.	Other conditions
\$ 13. Birthplace Germany.	(Include pregnancy within 3 months of death)
14. Malden name Rebecca Brack, 15. Birthplace Germany.	
	Major findings of operations MONG
	Date of op.
16. Informant IVI S. Voseph Marguart	Antopsy results.
Address Free / And Md. P.D	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oaie thereof 1011 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Isan Cometex X	Where did injury occur?
Location Fxeg / Xx, d, M, d;	Injured et home, farm, Industry, public place (where?)
18. Funeral directors . Jacob Partenston	Means of injury injured at work?
Address Pew Ferendom, Ja.	Lauri Salatonall M.D.
200, 90	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Vew Treedom Ja: Bate signed 4-20-45



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No...

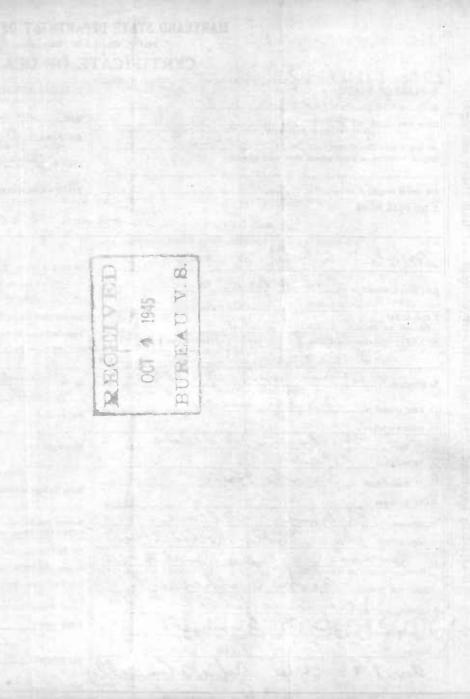
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
CountyBalto.e			028		
City or town Lansdowne (If outside city or town limits, write RURAL and give nearest town)		State Md. County Baltimore			
How long in above place Hospital, institution, or	e of death?r street address where	death occurre		(If outside city or town limits, write RURAL and give uearest town)	
	r Institution?			2.(a) If veteran, name war	
3. (a) FULL NAM					
J. (G) I OLL HAM	•		HARRY Van SAS	3.(b) Social Sec none	urity Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	V
male	white		married	20. DATE OF DEATH April 29.	5et ll:45P.m
S (Iv) Name of husband	or wife Marg	aret V	an Sas	21. I CERTIFY that death occurred on the dale above stated; that I allende	d deceased from
				2/27 1945 10 4/3	
7. Birth date of			c) If alive, give ageyears	and that I last saw h./ 14 alive sn 4/28	
deceased (mo., day, ;		uly 25	1864	Immediate cause of death	
8. AGE: Years	s Months	Days 4	It less than one day hrsmin.	arteriolar replicate cicrosi	y 7 years
9. Birthplace	Blakon (Town,	county, and	state)	Bue to Currial T	5 days
tD. Usual occupation	Company September 1				
t1. Industry or busines	11			Due to	
	Not lo	lown		Other conditions Pewer alized auterio	- 7 years-
12. Name	11	*****************		solerosi.	
41	11			(luctude pregnancy within 8 months of death)	
14. Malden name.	tt	****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Major findinga af aperations	•••••••••••
≥ 15. Birthplace					***************************************
ts. Informant Mrs	. Margaret	Van S	A.S	Autopsy results	*******************************
			Lansdowne, Md.	PHYSICIAN: Fiense underline the cause to which death should be ch	arged statistically.
	al		5/3/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or cremate	*		em.	Where did injury occur?	(State)
Location	Balto.,	Md.	***************************************	Injured at home, farm, Industry, public place (where?)	9
18. Funeral director	WM. J. TIC	KNER &	SONS	Means of injury Injured at work	?
	Balto., Md			Glen Din	le Jund.
1	19 45 gistrar)		a.w. Hedrick	23. SIGNATURE 23 Wax buy for Bwdnie	M. D. or other

, Cr. Kreen la a MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore CERTIFICATE OF Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Dalle. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death clea How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING that death occurred on the date above stated: that I attended deceased from MARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Years Days (Town, connty, and state) 1D. Usual occupation. 11. tadustry or business 13. Birtholace (Include pregnancy within 8 months of death) Major findings of operations. PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which? Where did injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Means of Injury VS A15 M. D. or other

RIGORIVED

MAY 2 1915

BUREAU V.S.



2411 N. Charles St., Baltimore

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03760

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru lufants give residence of mother)	
county Baltimore			State Maryland County	
City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above pla	ice of death? 32. I	Days	City or town	arest towu)
Vets Adm	or street address where	Howard, Maryland	Street No. Cambridge, Maryland	
	32 [)ays	(If rural, give LOCATION)	
3. (a) FULL NA!		7.0.3	2.(a) If veteran, name warSAW.	
3. (a) FULL NAI			3. (b) Social Security	Number
4. Sex	ROBINSON	CATOR WATTERS 6.(a)Single, married, widowed, or divorced		
			MEDICAL CERTIFICATION	•
Male	White	Widowed	20. DATE OF DEATH April 19, 1945	,at .3:15 A
B.(b) Name of husban	d or wife Widowe	d	21. I CERTIFY that death occurred on the date above stated; that I ettended dece	
			March 18, 1945 to April 19	
7. Sirth date of deceased (mo., day	0 0	2) 1874	end that I last saw h. im. ative on April 19,	1945
8. AGE: Yea		Days If less than one day	Immediate cause of death	
	0 9	17min.	Disease of the Heart:	8 Yrs.
			Hypertension and Coronary Arterio-	
9. Birthplace	Baltimore,	Maryland	//sclerosis Myocardial damage and	
10. Usual occupation		yed	myocardial insufficiency	
11. Industry or bustne			Due to	***************************************
		h Henry Watters		***************************************
12. Name Vi 13. Birthplace	Maryland	120222 3 1800 0 0 0 1	Other conditions	***************************************
E 13. Bittiplace		371 4 3 9	(Include pregnancy within 3 months of death)	.
14. Maiden name	MaryLouis	e Nicholdemus	Major findings of operations	
			Date of op	
16. Informant C1	inical Reco	rds, Vets. Adm. Fac.	Autopsy results	
Address Fo	rt Howard,	Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
" Ba	vial	Bata thoront april 21 45	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, crematio	on, or removed. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	tory Christ	hurch lemelery	Where did injury occur?	(State)
Locatton	Cambi	idge md.	Injured at home, farm, industry, public place (where?)	
	Henry W.	Jenkins & Sons	Means of Injury Injured at work?	
			h'418 / /	
Address	mccullon &	Orchard St., Balto. Md	ACTIVATION / 1	
19. Late rec'd by r	5-4,5	Caccine de	H.Y. RICHARDS, MAJOR, M.C.M.AC	
(Date rec'd by r	registrar)	Registrar	Mdress Fort Howard, Md. 4/19/45ate signed.	DIK.

VS A15

porrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

LARGIN RESERVED FOR BINDING

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnency within 3 months of death)

22. VIOLENCE: It death was due to external causes, fill in the following;

(State)

Injured at work?

M. D. or other

Date signed.



MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sox 5. Color or race 6.(a)Single, married, widowed, or divorced Female white widowed 5.(b) Name of husband or wife John Waudby	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (me., day, yr.) 8. AGE: Years Months Bays If less than one day 81. 3 22	and that I last saw has alive on a saw for the saw has alive on a saw for the saw has alive on a saw for the saw f
Baltimore (Town, county, and state) At Home 10. Usual occupation. 11. Industry or business 12. Name. John Geising Late 13. Birthplace Germany	Due te
14. Malden name Don't know 15. Birthplace Don't Know 16. Informant John Kaudby Jr	(Include pregnancy within 3 months of death) Major findings of operations
Address 936 Wampler Road Middle River Burial April 12/45 [Burial, cremation, or removal. Which?] Cemetery or crematory Oak Lawn Baltimore Co Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was doe to exteroal causes, fill to the following: Accident, suicide, or homicide
Ullrich Funeral Home 18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE Address 4/7/264, tun Hor Ear Paris signed 4/4/4

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and treibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

113763

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: O ADALTS. PLACE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 20	3 4 4 7
City or town (If outside city or town limits, write FURAL and give nearest town)	State County County
(If outside city or town limits, write EBRAL and give nearest town)	City or town.
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, gry LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Virginia agne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divoced	MEDICAL CERTIFICATION
F W M	21 . 1 251 - 148-
F Willowed	20. DATE OF DEATH TO THE ASSESSMENT TO THE METERS OF THE M
a (1) View of husband on with	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	March 28 18 45 10 pp 128 18 45
7. Birth date of	and that I last saw h. en. alive on ap 1126, 1845.
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	The state of the s
79 11 12 hrs. mi	
8. Birthplace W. Ya.	Due to Hy nerleus ion Cardio variation
(Town county, and state)	distance of fundamon
10. Usual occupation Tauseurfe	If a seale and arter seturned
	Due 10.
11. Industry or business	
12. Name	Other conditions
13. Birthplace W- Val	(Include pregnancy within 3 months of death)
14 Maiden name Louisa Margan	
14. Malden name Louisa Mangan 15. Birthplace W. Va	Major findings of operatious
15. Birthplace	Date of op.
18. Informant Mis F. D. Duffy	Autonsy results
730 100 + 001	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 208 Olgale Clie	22. VIOLENCE: If death was due to external causes, till in the following;
17 Removal Sate thereof 4-29-4.	
(Barial, eremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Justicel III enabled	Where did injury occur?
(Sarbohung W. Va	Injured at home, farm, industry, public place (where?)
Location	***
18. Funeral director Cosk, Juc.	Means of injury injured at work?
1717 11 10 10 10 10 10	2 1 27 100
Address / 2 / 24 Vaul y St	23. SIGNATURE 6 Walked T / Lever III D
4/28 48 Their Morrel	23. SIGNATURE
(Date rec'd by registrar)	ar Address 700 Morring lon K. Date signed 7-21-9

4-18-1945

RECEIVED AND MAY 5 1945.

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45

CERTIFICATE OF DEATH

		Reg. Diat. No.
- 11	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)
	City or town	City or town. (If outside city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No
1	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Jane Stuart Wells	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Security	MEDICAL CERTIFICATION 20. DATE OF DEATH April 28 18.45 at 12.15 P. M.
	8.(b) Name of hueband or wife Colfred 3. Hells	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.) March 28 - 1916	and that I last saw h alive on 19
	8. AGE: Years Moeths Days If less than one dayhrsmin.	Ends metitis
	9. Birthplace (Town county, and state)	Due to Dila lalin J Cervey
1	1D. Usual occupation	Due to Oltunpted Ebolina
	12. Name Seo Sailey 13. Birthplace & Carolina	Diher conditions Preguarrey
	14. Maiden name Sama Bethelor 15. Birthplace Pitts. Fa.	(Include pregnancy within 8 months of death) Major fiadings of operations
	16. Informant Alfred B. Wells	Autopsy results. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide. Mandetermined Date of April 28 1943
	Cemetery or crematory	Where did injury occur? Dundalk Baltingus Ca Ud (City or town) (County) (State) Injured at home, farm, ledustry, public place (where?) Les known
	18. Funeral director James 50 Consully	Means of injury the known injured at work? Us
	Address 418 Vastern av.	23. SIGNATURE Ro But her Fraham. M. D. or other
1	(Date ree d by registrar) (Date ree d by registrar) Devistrar	Address 200 Fleet St Date signed Famil 29/184.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

					Neg. Dist. No	J. 164
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
County Balto. Cily or town. Near Reisterstown (If outside city or town limits, write EURAL and give nearest town) How long in above place of dealh? 2 yrs Hospital, institution, or street eddress where death occurred:			<u> </u>	State Md Cou	nty Balto.	
			A. URAL and give nearest town)	City or town Reisterstow		
				Streef No Dover & Butler (If rural, give None	Street No Dover & Butler Rds. (If rural, give LOCATION)	
How long in hospital o	r Institution?		······································	2.(a) If veteran, name war		
3. (a) FULL NAM		erine	B.Wenner		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Ma	rried	20. DATE OF DEATH April 25		
6.(b) Name of husband	or wife Floy	d N.W	enner	21. I CERTIFY that death occurred on the date about 19		
7. Birth date of			e) if alive, give ageyears	and that I last saw halive on		
deceased (mo., day, 1		Days	It less than one day	Immediate cause of death		
0. 1.02.	6	17		Kemorlage.		
9. BirthplaceE			hrs. min.	- Control of the state of the s	rough rt.orl	
				Due to		
11. Industry or busines						***
12. NameHa	Md.	<u>n</u>				
		a Whi	tcomb	(Include pregnancy within 8		
15. Birthplace	Balto.Co			none.	Dats of op	
				Antoney vessits		
	sterstow			PHYSICIAN: Please underline the cause to w		d statistically.
17. Buria (Burial, cremation	o, or removal. Which?	Date ther	eof April 28,194 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide. Homici Where did injury occur? Butler R((City or town)	ide Date of	1-25-145 Balto. Mc
Location Balto. Co.					where?) Kitchen	of her
			Sons	Marca of Jahren Gran St. at		home
The state of the s	Reisterst			23. SIGNATURE D. D. Eagle	leg m &	*
Date rec'd by re	7 19 HS	Els	S. S. S. S. Registra	Q tratain		or other

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNE is especially important.



The correct age

ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNITS is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03766

CERTIFICA	ATE OF DEATH Reg. Diat. No	7 -7	
1. PLACE OF CEATHO County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn refants give residence of mother)	-0	
City or town. (If outside city or town limits, write RURAL and give nearest town)	Stata County Sacriff		
How long In above place of death?	(If outside city or fown limits, write RUPAL and give nearest town) Street No		
How long in hospital or institution?	(If rural, give LOCATIÓN) 2.(a) If veteran, name war		
3.(a) FULL NAME Pharles 1 P	Hildburger 3. (b) Social Security ?		
1.50 5. Color of Sec. 6.(a) Single, married, widowed, or diverged	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.45	16 50 p	
8.(b) Name of husband or wife flasy Childberger	21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed from 19.45	
7. Sirth date of deceased (mo., day, yr.)	and that I last saw ham alive on 900 16		
8. AGE: Years Months Days If less than one day	Immediate cause of death curval summarlinge	6 2000	
9. 8 irthplace Tally (Town Jounty, and state)	Due to arterioschiosis	5 years	
10. Usual occupation of the state of the sta	Due to		
12. Hame the first I like bugger 13. Birthplace Satternoil of Miles	Other conditions		
14. Malden name Mangaret Mubel 15. 8lrthplace () May / gr	(Include pregnancy within 3 months of death)		
S 15. 8 irthplace	Bate of op		
18. Informant Strain Strains	Autopsy results		
1921/115	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or temoval. Which) Cemetery or orematory	Accident, suicide, or homicide		
Location Landon Tay	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Milliam States	Means of Injury Injured at work?		
Address 21141 and S	23, SIGHATURE David H. Checknew	ms	
19. (Date rec'd by registrar) Registrar	9-16 shop ld it solls a	4/20/4	

03767

ERT	IFICATE	OF	DEATH	Re

CERTIFICAT	E OF DEATH Reg. Dist. No	2
1. PLACE OF DEATH: County Catonsville City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 years, 9 months, 4 days Nospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 4 years, 9 months, 4 days. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	t town)
Barbara Wilderson	3. (b) Social Security Num	mber
4. Sex f 5. Color or race Widowed, or divorced Widowed	MEDICAL CERTIFICATION 20, DATE OF TEATH	11:15P
8.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased July 2, 19. 40. to April 6., and that I last saw h 9. alive on April 6 Immediate cause of death Terminal pneumonia, hypostatic	19451945
9. Sirthplace	Arteriosolerotic gardiovasqular Due to disease	indef.
12. Name	Other conditions	
16. Informant Hospital records Address Catonsville, Paltimore - 28, Md. 17. March Date thereof 4-9-49 (Burial, cremation, or removal Whigh?) Date thereof (month) (day) (year)	Autopsy results	tistically.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

The correct age

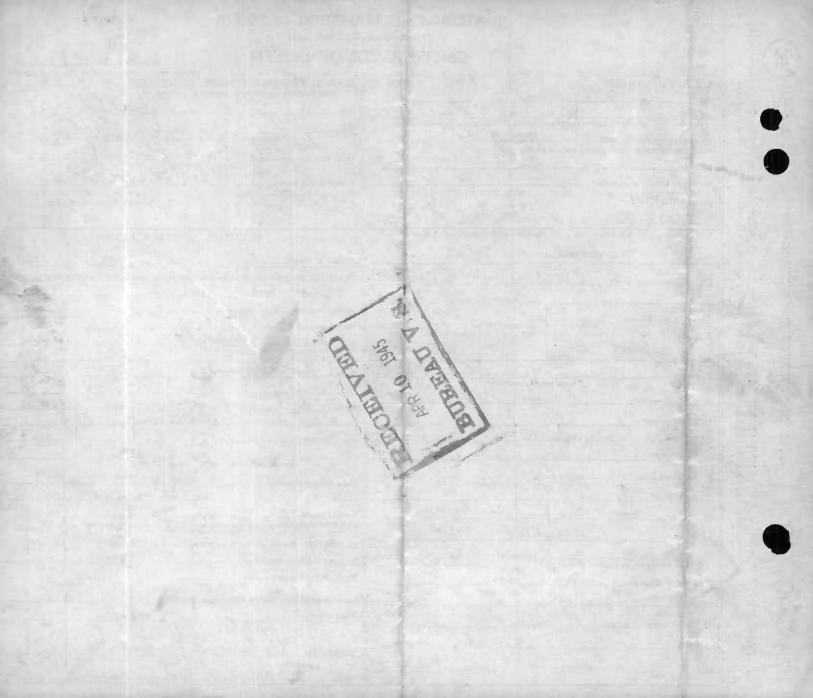
information carefully of death clearly and

MARGIN RESERVED FOR BINDING

Address 23. STENATUR Robert E. Gardner, M. D.M. D. or other Baltimore - 28, Md. Date signed 4/7 (Date reckl by registrar) Registrar

injured at home, farm, industry, public place (where?) Catonsvill Fractured left femuratured inter-

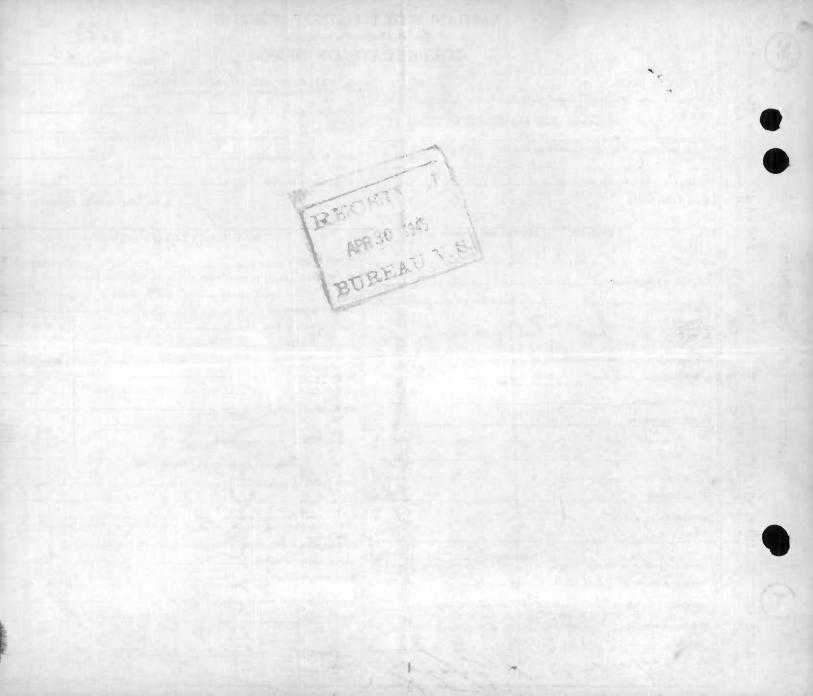
Catonsvill



MARYLAND STATE DEPARTMENT OF HEALTH

#3770

		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town		stateMaryland countyBaltimore City or town	
Hospital Institution, or street eddress where d		street No. Joppa Road & Simms Aver	
How long in hospital or institution?		2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	Wilbur Martin Wol	3. (b) Social Secu	rity Number
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white	married :	20. DATE OF DEATH Open 13, 19.4	5 110 00
7. Birth dale of	nora M. Wolf	and that I last saw halive on	19.5
8. AGE: Years Months	Days It less than one day	Immediate cause of death, Carcumana of head	DURATI
56 4	Mana land	n. of paras	6 hr
9. Birthplace Baltimore,	Maryiand	Due to	***************************************
10. Usual occupation Catures	minder	Due to	*********
	P. Wolf	Dither conditions	
13. Birthplace		(Include prognancy within 8 months of death)	
14. Maiden name Emma Sei	tz	Major findings of operations.	0000001100110188800000000040008
N 15. Birthplace ?		Date of op	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
16. Informant Mrs. Elean	ora M. Wolf	Antopsy results	
Runial	& Simms Avenue ### Avenue ### Avenue ### Avenue ### (month) (day) (year)	PHYSICIAN: Flease underline the cause to which death about he cha 22. VIOLENCE: If death was due to exteroil causee, fill in the following: Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) Constory or crematory. Pa:	(month) (day) (year)		
Location Baltimo			
500011011	d J. Ruck	Means of injury injured at work?	
TO FUNCIEL WILCOM	000000000000000000000000000000000000000	ul and	. W 1
Address / 5305 H	arford load	23. SIGNATURE Transld a. gr	our.



PLEASE WRITE PLAINLY, WITH EN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

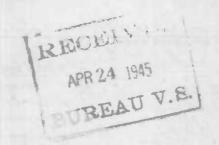


(13772 A

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
County County		
(If syliside city or town limits, write RURAL and give nearest town)		
How long in above place of death?		
Hospital, Institution, or street address where death occurred:		
How long in hospital or institution?		
3. (a) FULL NAME William a. You	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH CESTIL 8 th 1945 at 4 P	
8. (b) Name of husband or wife Gertha Mourang	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19.42, 10. GBil 8th 19.40	
7. Birth date of deceased (mo., day, yr.) (luguest 14, 1882	and that I last saw h	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
62 7 25min.	xteguia factoro "ys:	
Baltimare Inel	Due to Carroy Spokm - =	
9. Birthplace (Town, county, and state)	Due to hyporgless to me and overseylor 2400	
10. Usual occupation Itelsoman	Due to.	
11. Industry or business Scinteas a	000 10	
# 12. Name undersonoit	Other conditions	
12. Name unknown		
	(Include pregnancy within 8 months of death)	
14. Maiden name Ussknown 15. Birthpiace Usknown	Major findings of operations.	
m. 4. + . 01	- Date of op	
16. Interment	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 4306 Seeds line		
17 Bushal Date thereof 4/12/45	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory. DOW MATTING	Where did injury occur? (City or town) (County) (State)	
Location Skillerick and	Injured at home, farm, Industry, public place (where?)	
18. Funeral director the The Therupal, le & Lees	Means of Injury Injured at work?	
Address 915 Fight St.	JE down V / Te	
" Yh Wi G. W. Helial.	23. SIGNATURE TECHNOLOGY M. D. or other	
19.	Matria All Ber Trois 1-10 mg	

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore (97) CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rurai, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 7. Birth date of 19.4.5 deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: RESERVED 9. Birthplace 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations..... PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? WRITE (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury injured at work? Address Registrar Address. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13-

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	3.6
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Mount Wilson (If outside city or town limits, write EURAL and give nearest town)	state Maryland County	***********************
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?O	City or town Baltimore (If outside city or town limits, write RURAL and give nea	
How long in above place of death	street No. 30 S. Ellwood Avenue	
Branch, Md. Tuberculosis Sanatorium	(If rural, give LOCATION)	
How long in hospital or institution? O. yrs., O. mos., 28 days	2.(a) If veteran, name war	
3.(a) FULL NAME Edward J. Zink	3. (b) Social Security # Unknown	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH April 1, 1945	.a. 6:30 Pm
6.(b) Name of busband or wife Clara Zink	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
The second secon	March 4, 19 45 to April	
7. Birth date of deceased (mo., day, yr.) January 24, 1902	and that I last saw h.imalive onApril	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis	DURATION 2 Yrs.
43 2 8hrsmin,	Tarmonery radorodropro	
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Tubercle Bacilli	
10. Usual occupation. Chauffeur		***************************************
11. Industry or business	Due to	
≝ 12 Name Otto Zink	Diher conditions Tuberculous Laryngitis	8 Mos.
E 12 Name Otto Zink 13 Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)	
14. Malden name Florence Moeslin 15. Birthplace Baltimore, Maryland		
15. Birtholace Baltimore. Maryland	Major findings of operations	
18. taformaef Edward J. Zink	Autopsy results.	
Address 30 S. Ellwood Ave., Balto., Md.	PHYSICIAN: Please underline the cause to which death should be charged	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial (Burial, cremation, or removal, Which?) Bate thereof April 5, 1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Holy Redeemer Cemetery	Where did injury occur?	
Location 4430 Belair Rd., Balto., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeraf director Lilly & Zeiler	Means of Injury Injured at work?	
Address 1901 Eastern Ave., Balto., Md.	23 SIGNATURE Stewart & Maffe	er mis
19. April 1. 19.45 Earl 7 Western Registrar	Address Mount Wilson, Md. Date signed.	

APR 13 1965
BUREAU V 8.